



**LCSO OUTREACH FUND  
Outreach Request / Reporting Form**

<b>To: Community Development Coordinator</b>
<b>FROM:</b>

**DATE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_ **NUMBER OF PAGES:** \_\_\_\_\_  
(INCLUDING COPIES OF RECEIPTS)

**Initial requests can be made through faxing, phone call for confirmation we have funds and requests meet the criteria.**

**REQUEST**

Items Needed		

**REQUEST GRANTED:** \_\_\_\_\_

**\*\*\*\*\*Bottom portion to be completed once purchases have been made.\*\*\*\*\***

**DATE ON BILL ATTACHED:** \_\_\_\_\_

Date of Purchase	Items Purchased	Amount
<b>TOTAL</b>		

**Authorized & Complete:** \_\_\_\_\_ **Purchase Order No.:** \_\_\_\_\_

**Allocation:** 1-2-21-135-200-810-001