

# Kealing Middle School Academic Support Request

## 2018-2019 Academic Year

*Instructions: Please complete the following form and submit directly to Ms. Coburn. Administration will review all requests each Monday and determine if the request should be most appropriately forwarded to PTA or KMAG. The request will be promptly forwarded to the PTA President or KMAG Co-Chair(s), as applicable.*

Teacher's Name:

Subject/Class:

Date Request submitted to Administration:

- Check this box for the \$100 reimbursement. You do not need to complete the rest of the form for approval, but you must provide receipts. Taxes cannot be reimbursed.

Provide a brief description of the purchase in the box below addressing the following items:

1. Explain the request, how it will support the academic program, and how it enhances student learning.
2. Explain how much is being requested and for what purposes. Include vendor names, if applicable.
3. Attach receipts and quotes, if they are available.

# Students that will benefit from this purchase \_\_\_\_\_

TO BE COMPLETED BY ADMINISTRATION:

Forward to Parent Group (Check One)      PTA       KMAG   
Approve?      Yes       No       Wait

Kealing Middle School · 1607 Pennsylvania Ave. · Austin, TX 78702 · 512-414-2701

# Request for Payment

**Name** \_\_\_\_\_

**Date of Request** \_\_\_\_\_

**Date(s) of Services Rendered**  
 (list beginning and end dates, if applicable) \_\_\_\_\_

**Payee Name** \_\_\_\_\_

**Payee Address** \_\_\_\_\_

**Payee City, State, Zip** \_\_\_\_\_

**Total Amount Requested**      \$ \_\_\_\_\_

	Description	Amount
Receipt #1		
Receipt #2		
Receipt #3		
Receipt #4		
Receipt #5		
Receipt #6		
<b>Total Receipts</b>		\$