

Crosby Independent School District

GRANT ALLOCATION PROPOSAL

Requested Purchase
Item(s):

Cost of Item(s):

Requisition #:
(Only one per sheet)

Objective(s):

CIP/DIP Correlation:

Source of Allowable Funds:
(Name of Grant)

Accounting Line(s):
(Entire Line)

Justification:

Submitted By (Print Name)

Date

Approved

Denied

Olivia Carden, Federal Programs Specialist

Approved

Denied

Carla Merka, Chief Financial Officer