 **PRINCIPAL REQUEST FOR USE OF SCHOOL GENERATED FUNDS SURPLUS (SGFS)**

DATE:

SCHOOL YEAR:

SCHOOL NAME:

SURPLUS AMOUNT AVAILABLE:

**TOTAL AMOUNT OF SURPLUS FUNDS REQUESTED: \_\_\_\_\_\_\_\_\_**

Please provide a brief description of what the funds will be used for (ATTACH ADDITIONAL DOCUMENTATION AS REQUIRED):

2014-2015:

2015-2016:

2016-2017:

PRINCIPAL SIGNATURE:

CENTRAL OFFICE USE ONLY

REQUEST APPROVED:

AMOUNT APPROVED:

ACCOUNT SURPLUS FUNDS ALLOCATED TO:

SUPERINTENDENT'S SIGNATURE: DATE: