

**Everett Area School District
Request for I-Pad APPS Funding**

Complete all applicable sections and submit this form to your building supervisor for approval.

Name:		Building:	
Class/Course(s):		Today's Date:	
Total Cost:		Date Funding Needed by:	

Please provide a description of the APP(s) and how it will be used as an instructional tool:

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Item(s) to be purchased:

Quantity	Description of APP	Unit Cost	Total Cost

It is the responsibility of all faculty and staff to comply with all licensing and/or copyright regulations.

Teacher Signature

Date

_____ Approved (Upon purchase of APP a receipt is required to be submitted to supervisor
_____ Requires Additional Information: _____
_____ Denied: _____

Supervisor's Signature

Date