**MORRISVILLE-EATON CENTRAL SCHOOL DISTRICT** **FORM BR-2**

# SUPPLEMENTAL BUDGET REQUEST FORM

20___/___ SCHOOL YEAR

**REQUESTED BY:** _____ **LOCATION:** _____

NARRATIVE: Describe the need, the plan to use additional resources, and the timeline

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Items Requested: List the items you wish to order

Priority: Prioritize items on a scale of 1 to 3, with 1 being most needed (critical) to 3 being least needed (wanted)

Cost: Identify actual or estimated cost of item.

| OBJ # | ITEM REQUESTED | PRIORITY 1-3 | COST |
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| | | SUBTOTAL: | $ - |
| S & H | Estimate @ 10-15% of cost | | $ - |
| | | **GRAND TOTAL:** | $ - |

Submit to: **Administrative Team**

Approval Admin: _____ Superintendent: _____