

Bloomfield Schools Board Submission Form

MEETING DATE: _____

ITEM TITLE: _____

ACTION REQUESTED BY: _____ PRESENTED BY: _____

ACTION REQUESTED: _____

ITEM SUMMARY: _____

Brief history to refresh the Board's memory (if applicable)

Answer the following:

Request: _____

Benefit or impact to the District: _____

Reason for Request: _____

Cost: _____ What Budget: _____

Mandate: Yes No

BUDGET OR GRANT?: Budget Grant

SUMMARY BY/TITLE: _____

ATTACHMENTS: _____

ROUTE FOR STAFF REVIEW:	<u>Reviewed by:</u>	<u>Comments:</u>
<input type="checkbox"/> Not Applicable		
<input type="checkbox"/> FINANCE	_____	_____
<input type="checkbox"/> PURCHASING	_____	_____
<input type="checkbox"/> HUMAN RESOURCES	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____