

# Safe & Drug-free Allocation Request Form for Public Schools

**Please Print or Type**

**Please be sure any expenditures have the approval of your Superintendent,  
Business Manager, or Safe & Drug-free Coordinator.**

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Print)

\_\_\_\_\_ (Signature)

Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street) (City State Zip)

**Note: Registration fees for workshops we sponsor may be paid by requesting an internal transfer.  
The fee will be transferred from your allocation into the appropriate workshop account.**

<b>Purchase of Safe &amp; Drug-free Related Materials</b>	<b>\$ _____</b>
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\_\_\_\_\_ Order has been placed. **Order is attached.**  
 Mail order with payment to: Vendor: \_\_\_\_\_  
 Street/P. O.: \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_

\_\_\_\_\_ Order has been paid by school. **Copy of invoice and proof of payment attached.**  
 Mail reimbursement to: School: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Street: \_\_\_\_\_ City State Zip Code \_\_\_\_\_

\_\_\_\_\_ Order has been received. **Original invoice attached.**  
 Issue check to vendor: Vendor: \_\_\_\_\_  
 Street/P. O.: \_\_\_\_\_  
 City State Zip Code \_\_\_\_\_

<b>Seminar attended.</b>	<b>\$ _____</b>
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Name of Seminar: \_\_\_\_\_

Date(s) of Seminar: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_

Registration fee:\$ \_\_\_\_\_ Substitute Costs:\$ \_\_\_\_\_ Mileage:\$ \_\_\_\_\_ Other:\$ \_\_\_\_\_ Total:\$ \_\_\_\_\_

Issue check to (include complete address): \_\_\_\_\_

**OR process an internal transfer from our drug-free school allocation. \_\_\_\_\_ Yes**

**\*\*\*Include invoices, registration forms and any other documentation.\*\*\***

**Mail to: Health Education Dept., COP ESD, 6065 Learning Lane, Indian River 49749**