

Safe & Drug-free Allocation Request Form for Parochial/Private 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)

Purchase of Safe & Drug-free Related Materials.	\$ _____
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_____ Order is attached. Please mail order with payment to:

Vendor: _____

Address: _____
(Street) (City) (State and Zip Code)

Seminar.	\$ _____
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Name of Seminar: _____

Date(s) of Seminar: _____

Participant Name(s): _____

Registration fee: \$ _____ Payable to: _____
Complete Address: _____

OR process Internal Transfer from our drug-free school allocation: Yes _____

Substitute Costs: \$ _____ and/or Mileage \$ _____ Total: \$ _____

Payable to (include social security # if to an individual): _____
Complete Address: _____

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

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