

SAFETY COMMITTEE FUNDING REQUEST

Please mark the priority level.

- 1
- 2
- 3

Approval of request for funds will be reviewed and approved
on merit by the Safety Committee.

SECTION ONE: TO BE COMPLETED BY SAFETY COMMITTEE MEMBER/SITE ADMINISTRATOR

Site/Dept: _____

Employee Making Request: _____

Phone Number: _____

Description of Requested Items/Repairs/Training:

Anticipated Safety Benefit:

Itemized Breakdown of Cost (attach bids or photocopy if from a catalog or website)

Unit Cost: _____
Sales Tax: _____
Installation Fee: _____
Total Cost: _____

Signature of Site Administrator: _____ Date: _____

SECTION TWO: TO BE COMPLETED BY SAFETY COORDINATOR

Approval as Submitted: Yes No

Copy of Supporting Documentation Received: Yes No

Reason for Denial:

Funding Source:

- Credit
- Rebate
- Grant
- District Match

Signature of Safety Coordinator: _____ Date: _____