

DREAM PROJECT Request Form

Dream Project: "A wish or request that benefits an entire department or a grade level"

Requestors' Names (please list all):	Date of Request:	
Lead Requestor's Contact Information:		
Please describe in detail the item/service you are requesting?		
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What is the purpose and/or use of the request?		
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How much will this item/service cost?		
Please provide us with information regarding the potential supplier	(i.e. catalog numbers & website)	
Are there any future costs involved? (i.e. maintenance fees or annumental costs involved?)	ual subscriptions)	
How will this request benefit THRS students and faculty?		
Has this request been submitted to THRS administration for appro	val? Yes or No	
PAC will review all requests on a monthly basis and submit, where information as possible to help with the decision making process, i funding request for a potential "dream" to benefit THRS students a	appropriate, to THRS Partners Board for consideration. Please provide as much nclude web page printouts, brochures, pricing information, etc. Thank you for your nd faculty!	
Sincerely,		
THRS Partners Appropriations Committee	THRS Partners Board of Directors	
Administrative Response: Approve or Decline	Date:	
PAC Response: Approve or Decline Roard of Directors Response: Approve or Decline	Date:	
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