

NEW RESOURCE NUMBER REQUEST FORM

DATE: _____

TO: SANTA CRUZ COUNTY OFFICE OF EDUCATION
ATTN: EXTERNAL BUSINESS SERVICES DIVISION
E-mail account: COE_business_help@santacruz.k12.ca.us

Development of new resources must be coordinated with the Santa Cruz County Office of Education. We are requesting the following resource be added to our chart of accounts:

FEDERAL/STATE

Name of Grant/Entitlement: _____
PCA Number: _____
Resource Number _____

LOCAL

Name of Local Program: _____

(Check One): Non-Restricted (0001-0999) _____
 Restricted (9011-9999) _____

Preferred number/Description: _____

Name of Requesting District _____
Name of Person Requesting _____
Telephone Number _____

COE USE ONLY		
NEW RESOURCE NUMBER:	DATE ADDED:	INITIALS:
cc: I.T. Services Manager		