



Perkins Change Request Form

USD number: _____ Name of educational institution: _____

Contact name: _____ Title: _____

Email: _____ Phone: _____

Please list all change requests below

Supply Item/Professional Development/ Equipment	Pathway	Add (A) Change (C) Delete (D)	Item/Professional Dev./Equipment	Amount

Please explain where additional funds will be utilized or needed funds will come from if your additions and deletions or changes do not balance.

For more information, contact:
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Coordinator
Career, Standards and Assessment Services
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