

RIVERVIEW GARDENS

SCHOOL DISTRICT

COST SAVINGS SUGGESTION

EMPLOYEE INFORMATION

Employee Name:

Location ID:

Job Title:

Department:

Supervisor:

Date:

Location where savings
will be implemented:

COMMUNITY MEMBER INFORMATION

Name:

Address:

Information needed to verify that participant is a resident of the Riverview Gardens School District

Date:

Location where savings
will be implemented:

INSTRUCTIONS

In the Description section please describe in detail the nature of the savings being suggested and how the plan would best be implemented.

In the Measurement section supply the data that will be used to calculate cost savings.

SUGGESTION

Description:

Measurement:

Submit completed forms to the Finance and Business Services Department via email attachment to finance1@rgsd.k12.mo.us