

**EDUCATION FOR EMPLOYMENT
CAPITAL EQUIPMENT
REQUEST School Year:**

(ITEMS OVER \$5,000)

2019-2020

CURRENT DATE:

INSTRUCTOR NAME:	PROGRAM TITLE:	NUMBER OF SECTIONS:
OPERATING DISTRICT:	PHONE NUMBER:	FAX:

HOW TO COMPLETE THIS FORM - Instructors, please list below, in priority order, your capital equipment needs for the next year. Be sure to provide a rationale for the items listed. Please obtain your principal's signature.

Keep a copy for your records and return a copy to your EFE PROGRAM ADMINISTRATOR by: **February 1, 2019.**

Item #	Quantity	Description	Unit Cost	Total Cost
1.				
		Rationale:		
2.				
		Rationale:		
3.				
		Rationale:		
4.				
		Rationale:		
5.				
		Rationale:		
CAPITAL EQUIPMENT GRAND TOTAL				

APPROVALS:

HIGH SCHOOL PRINCIPAL'S SIGNATURE:	DATE:	EFE PROGRAM ADMINISTRATOR SIGNATURE:	DATE:
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