

**EDUCATION FOR EMPLOYMENT
SUPPLY APPROVAL FORM**

SCHOOL YEAR:
2019-2020

INSTRUCTOR NAME:	PROGRAM TITLE:	NUMBER OF SECTIONS:
SCHOOL:	PHONE NUMBER:	FAX:

HOW TO COMPLETE THIS FORM - Instructors, please itemize all supplies you will need for the entire school year.
Keep a copy for your records and return a copy to your EFE Program Administrator by: FEBRUARY 1, 2019.

Quantity	Item Description	Total Cost
	Grand Total:	

APPROVALS:

		EFE PROGRAM ADMINISTRATOR SIGNATURE:	DATE:
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