Date: ______________
Name of Individual Requesting the Item: ______________________
Department: _______ CLBA __________
Describe the purchase:


Explain how this item would help in the teaching or productivity of the user:

Has this item already been purchased? ☐ Yes ☐ No

Estimated Cost: $ ____________
(Attach detailed information of the purchase and vendor.)

Is this being paid from a college grant? ☐ Yes ☐ No

Account #: _________________________ Title: __________________________

Signature: _______________________

APPROVALS:

Department Chair: ☐ Recommend Approval ☐ Do Not Recommend Approval

Signature: _________________________ Date: ______________

Dean: ☐ Approve ☐ Do Not Approve

Signature: _________________________ Date: ______________

Comments or Special Instruction: