



### SUPPLIES/EQUIPMENT REQUEST FORM

2023-2024

Please email completed form and attached quote to [ctefinance@fresnounified.org](mailto:ctefinance@fresnounified.org) for processing.

Teacher/Staff Full Name: \_\_\_\_\_  
*First Name* *Last Name*

Site: \_\_\_\_\_ Deliver To (Name/Location/Room #): \_\_\_\_\_

Course Title: \_\_\_\_\_

CA Industry Sector: \_\_\_\_\_

Event Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Total Request Amount: \$ \_\_\_\_\_

Authorized Buyer(s): Please list the staff member(s) authorized to make purchases on this PO

Name	Email Address	Phone Number

Rationale: Briefly describe in detail how the requested items will create opportunities for students:

Please create and attach a spreadsheet with item, quantity, and price details for orders from [Office Depot](#), [Warehouse](#), and the District's [Technology](#) or [Purchasing](#) websites.

For all other orders, please attach a quote *only*; you do not need to create a spreadsheet if a quote is attached.

**NOTE: Any single item that is more than \$5,000 will need to have a separate quote and capital outlay request submitted.**

COORDINATOR SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

For CCR office use only	Approval:	Date:
	Funding Source:	Object/Activity: