

EQUIPMENT + MATERIALS REQUEST



YOUR NAME (please print)	DATE
CLASSROOM	AMOUNT REQUESTED

DESCRIBE ITEM(S) TO BE PURCHASED

Describe the items, its classroom use and/or the curriculum activity (ex: Music & Movement, Reading, Art, Science, Manipulatives & Math, Dramatic Play, Cooking, Parent Outreach, Other):

HOW WILL THE ITEM(S) BE PURCHASED? Please choose one

- I have purchased the item(s) myself and have attached a receipt. Please write me a check for \$_____ paid to _____
- Please make the purchase online for my classroom. (Attach a “shopping list” including store name, item number, and quantities.)

NOTE: All purchases will be deducted from your classrooms’ annual budget

ADMINISTRATION USE

- Your item(s) is APPROVED
 - Attached is a check for \$_____
 - Please attach a receipt to this form when submitting for reimbursement
- Your item(s) are NOT APPROVED because:

