Date Submitted: _____

Fixed Asset
Equipment Purchase Request Form


Revision: October 2015

**System Name:** _____
**System Number:** _____

**Total Encumbered:** $ -
**Total Requested:** $ -

| School Name | Equipment Item | Qty | Cost per Item | Total Cost | Encumbered Amount | Anticpated Completion Date | Actual Completion Date | SDE Use Only: Approved By | SDE Use Only: Approval Date |
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Required Signatures:
Superintendent: _____ CSFO: _____ CNP Director: _____