

Fixed Asset
Equipment Purchase Request Form

System Name: _____
System Number: _____

Total Encumbered: \$ _____ -
Total Requested: \$ _____ -

School Name	Equipment Item	Qty	Cost per Item	Total Cost	Encumbered Amount	Anticipated Completion Date	Actual Completion Date	SDE Use Only	
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Required Signatures:
Superintendent: _____

CSFO: _____

CNP Director: _____

Date Submitted: _____

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Sheet Total: \$ _____ -
Grand Total: \$ _____ -

Required Signatures:
Superintendent: _____

CSFO: _____

CNP Director: _____