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 John Gamble: ☐ Approve ☐ Do Not Approve

Signature: ________________________ Date: ________________

Comments or Special Instruction:

________________________________________________________________________