

**ST CLOUD AREA SCHOOL DISTRICT 742
CAREER AND TECHNICAL EDUCATION (CTE)
PERKINS VOCATIONAL EDUCATION ACT**

EQUIPMENT REQUEST / JUSTIFICATION

Date: _____

Teacher: _____

Building: _____

License #: _____

OE Code: _____

Phone ext.: _____

Email: _____

Item Description: *(include amount needed and purpose of equipment)*

Amount Needed: _____

Why is this item necessary?

How will it enhance your program?

Who will use it? *(number and age of students)*

How often will the equipment be used? *(i.e., once a semester, twice a week, etc.)*

| Vendor Name | Vendor # | Address | City, State, Zip | Phone | Website | Cost per piece | Total Cost | Approved Amount |
|-------------|----------|---------|------------------|-------|---------|----------------|------------|-----------------|
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Be sure to attach back-up information (i.e., copy of catalog page, computer page printout) for each bid – for each item over \$300, three bids are needed.

Received by CTE Officer: _____ Date: _____

Approved by: _____ Date: _____

Only one type of equipment per form. Forms must be received by the CTE office by February 15 for the next school year.