TWIN RIVERS CAREER & TECHNICAL EDUCATION AREA

PERKINS LOCAL PLAN EQUIPMENT REQUEST

[PLEASE TYPE OR <u>CLEARLY</u> PRINT ALL INFORMATION]

Date	Purchase Order #
VENDOR: FAX#	TEACHER: Phone
NAME	NAME
Address	School
City	Address
StateZip	City Zip
	Program Area

Priority Number	QUANITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Shipping & Handling		
			Total Cost		

Include shipping and handling. If forgotten additional funds will <u>not</u> be available to cover unplanned costs.

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In the following area please explain how the requested items meet the guidelines of new and improved technology. Remember funds cannot be used to simply replace an older version of an equipment item. The items requested should improve the student learning and improve their training for a career objective. Indicate how many students will be able to utilize the item per year, can this item be used in any other career & technical area or shared with another school, indicate by prioritized number and name of item, which item you are addressing.

Remember to submit the *Advisory Committee Minutes* for the meeting the equipment items were recommended.

Signature