

## REQUEST FOR APPROVAL TO PURCHASE/LEASE FURNITURE OR EQUIPMENT

Subrecipient's Name and Address		Date of Request			Contract Number						
		Name			Source of Funding						
		Title			Contract Period						
		Quotes Attached?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Meets Procurement Guidelines?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
		Written confirmation of unavailable SDWP Resources attached? <i>See Operations Manual: Chapter 3, section IV. E – Procurement prior Approval</i>							Yes <input type="checkbox"/>		
Type <i>(Furniture or Equipment)</i>	Description of Item (Include how this item will be used i.e. Employee, Programs, Events)	Manufacturer	Make/Model	Quantity	Unit Cost	Estimated Total Cost	FOR WORKFORCE PARTNERSHIP USE ONLY				
							Consumable Supply (CS) or Technology Equipment (TE)	Date of purchase	Location of item	Workforce Partnership Asset Tag #	Serial #
FOR WORKFORCE PARTNERSHIP USE ONLY											
Based on the information provided, authorization to purchase/rent/lease the furniture or equipment listed above is: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>											
Reason for decision											
Contract Administrator Approval Signature				IT Department Approval Signature							
Date				Date							
Finance Management Approval Signature				Please send The Workforce Partnership a copy of the purchase/lease invoice with your monthly Invoice. This authorization does not relieve Subrecipient of any responsibilities for compliance with Federal Regulations or other funding authority requirements.							
Date											

Attach another page if necessary.