

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

EQUIP

Fabius, New York 13063

EQUIP

Building: Elementary ___
Middle School ___
High School ___
Districtwide ___
Bus Garage ___

Equipment / Furniture
2023-2024

Replacement: ___
New: ___
Reg. Budget: ___
Cap. Project: ___

EMPLOYEE NAME _____ Subject/Grade _____

Equipment Type: Classroom Furniture ___ Classroom Equipment ___ Computer Hardware ___
Library A/V Equipment ___ Athletic Equipment ___ Other _____

Use one form for each equipment/furniture request. The description should include: brand name; item number; size or capacity; special mechanical needs, such as 110 or 220 electrical wiring; and color preference. Check "YES" or "NO" if it is possible to substitute another brand of equal quality, or a smaller capacity or size. If "NO" is checked please explain why in your "JUSTIFICATION."

DESCRIPTION OF ITEM: Substitution? Yes ___ No ___ Quantity: _____

UNIT PRICE: Include three price quotes from three vendors, unless the item is on a NYS or BOCES bid, if so, list the bid.

Vendor #1: or NYS Bid Address Price Quote: \$ Telephone: FAX #: ITEM #

Vendor #2: or BOCES Bid Address Price Quote: \$ Telephone: FAX #: ITEM #

Vendor #3: Address Price Quote: \$ Telephone: FAX #: ITEM #

Please provide a justification for this request. Include why the item is essential; how it will improve the overall educational environment of your area/program, and how the improvement can assessed.

JUSTIFICATION: _____

Approvals: Employee's Supervisor Purchasing Agent

Business Office Use Vendor # P.O. # Account # P. O. Date