

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

EQUIP

Fabius, New York 13063

EQUIP

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

Equipment / Furniture

2025-2026

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.

<p>Vendor #1: _____ or NYS Bid Address _____</p> <p>Vendor #2: _____ or BOCES Bid Address _____</p> <p>Vendor #3: _____ Address _____</p>	<p>Price Quote: \$ _____ Telephone: _____ FAX #: _____ ITEM # _____</p> <p>Price Quote: \$ _____ Telephone: _____ FAX #: _____ ITEM # _____</p> <p>Price Quote: \$ _____ Telephone: _____ FAX #: _____ ITEM # _____</p>
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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 be assessed.

JUSTIFICATION: _____

Signature: _____ Employee's/Requisitioner's Signature	Date: _____	Subtotal _____	
		10% Ship/Handl. _____	
Signature: _____ Employee's Supervisor's Signature	Date: _____	TOTAL _____	
Signature: _____ Purchasing Agent's Signature	Date: _____		

Business Office Use

Vendor # _____ P.O. # _____

Account # _____ P. O. Date _____