



CTE EQUIPMENT/SUPPLY REQUEST

SCHOOL YEAR: _____

VC# _____
 SP# _____

TEACHER: _____ DATE OF REQUEST: _____

SCHOOL: _____ CTE PROGRAM: _____

NUMBER OF CTE CLASS PERIODS TAUGHT: _____

NUMBER OF SEMESTERS / TRIMESTERS TAUGHT: _____

OF CTE STUDENTS ENROLLED IN YOUR PROGRAM: _____

DO YOU ANTICIPATE THE NUMBER OF CLASS PERIODS OR ENROLLMENTS CHANGING? IF Y or N? _____

YES, HOW? _____

OF STUDENTS YOU NOMINATED FOR DCTC OUTSTANDING STUDENT AWARD LAST _____ THIS YEAR: _____

YEAR: NUMBER OF STUDENTS YOU NOMINATED FOR A DCTC SCHOLARSHIP LAST YEAR: _____ THIS YEAR: _____

EQUIPMENT/ITEM TO BE PURCHASED	HOW IT RELATES TO CURRICULUM	RELATED SEGMENT(S)/PCC(S)	COST
		COST OF FREIGHT OR S&H:	
		TOTAL:	

WILL THIS NEW EQUIPMENT REQUIRE BUILDING INFRASTRUCTURE WORK / CHANGES? (Y / N): _____

IF YES, YOU MUST GET APPROVAL FOR THESE INFRASTRUCTURE COSTS FROM YOUR ADMINISTRATOR **PRIOR** TO COMPLETING THIS PURCHASE. **

All Requests MUST be submitted with a Quote

REQUESTER COMMENTS: _____

DCTC COMMENTS: _____

 Building Principal Signature

 DCTC Representative Signature

****DISTRICTS ARE RESPONSIBLE FOR THE COST OF ALL INFRASTRUCTURE CHANGES / WORK****

IMPORTANT: ALL APPROVED EQUIPMENT PURCHASES MUST BE COMPLETED IMMEDIATELY.

ALL EQUIPMENT PURCHASED WITH 100% ADDED COST OR PERKINS FUNDS, MUST BE USED ONLY BY A STATE-APPROVED CTE PROGRAM. ANY NON-CTE USE REQUIRES A FINANCIAL CONTRIBUTION FROM THE DISTRICT.