

Equipment Supplemental Request Form

NOTE - 20 copies of this form must be handed in to the SAAC office (101E Wilson Commons) no **later than 12pm (noon) on the Wednesday** prior to the SAAC meeting that you wish to attend, and at least **two weeks prior** to your event.

Group Name: _____ **Amount Requested:** _____

Equipment being purchased:

Why is this equipment needed?

What will be the primary use of this equipment and how often will it be used?

What is your procedure for tracking the use of the equipment? (ie. sign out sheet, collateral, etc)

How will you ensure that group members using the equipment have been properly trained to use it?

Where will the equipment primarily be stored when not in use?

Is this location secure? How many people have access to this location?

How long is this equipment expected to last if properly cared for?

How will you ensure that the equipment is properly cared for?

Price Comparison

Vendor

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Required Signatures

Student Accountant: _____

Name (printed)

Signature

Date

Advisor: _____

Name (printed)

Signature

Date

Business Manager: _____

Name (printed)

Signature

Date

Business Manager Email _____