

# Equipment Supplemental Request Form

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**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:**

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**Why is this equipment needed?**

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

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

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

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

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

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

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

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## Price Comparison

Vendor

Amount

<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

## Required Signatures

Student Accountant: 

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Name (printed)

Signature

Date

Advisor: 

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Name (printed)

Signature

Date

Business Manager: 

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Name (printed)

Signature

Date

Business Manager Email 

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Advisor Comments: