Equipment Supplemental Request Form

NOTE - This form must be approved by the SA Treasurer 4-5 weeks before the equipment is needed. It also must be handed in to the Office of Student Activities no later than 12pm (noon) on the Monday 3 weeks prior to when the equipment is needed.

Group Name: _________________________ Amount Requested: $ _________________________

Describe and list all equipment being purchased:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Justification for the equipment purchase?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

How will you manage the use of the equipment? (ie. sign out sheet, deposit, etc)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How will you ensure that group members using the equipment have been properly trained?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
How long is this equipment expected to last if properly cared for? How will you ensure that the equipment is properly cared for?

Required Price Comparison

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
</tbody>
</table>

Required Signatures

SA Treasurer:

Name (printed) | Signature | Date

Group Treasurer:

Name (printed) | Signature | Date

Comments from SA Treasurer:

Group Treasurer:

For Office Use Only:

Student Activities Advisor: __________________________ Date: __________________________

Updated 9/23/17 11:56 AM