ARKANSAS DEPARTMENT OF EDUCATION

Special Education

FY 2009-10
REQUEST FOR PURCHASE OF EQUIPMENT
for
STUDENTS WITH DISABILITIES

The _____ (SCHOOL DISTRICT); _____ (LEA #) requests approval to purchase the equipment listed below utilizing the funding source shown by each item:

ITEM #	FUND/ SOURCE	FUNCTION	LOC/ RM.#		DESCRIPTION	QUANITY	UNIT PRICE	EXTENDED PRICE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

We certify that the equipment listed above will be used to provide special education and related service to students with disabilities.

_____ Special Education Supervisor's Signature

_____ Superintendent's Signature

_____ Date

_____ Date

NOTE: Equipment items must cost at least $1,000 and meet the criteria listed in the APSCN Financial Accounting Manual. Items listed above should be grouped by Fund/Source then by Function. The original of this completed form must be sent to: Arkansas Department of Education, Special Education Unit, Grants & Data Management Office, 1401 W. Capitol , Suite 450, Little Rock, AR 72201.

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ADE USE ONLY

Each item listed above, with the exception of item (s)_____, is approved. These items are to be purchased utilizing the the source of funds indicated by each equipment item. This approval is based on the purchase of this equipment to provide special eduction and related services to students with disabilities. All assurances in the ARRA and the IDEA Title VI-B Consolidated applications apply to this approval

_____ DATE

_____ ADE SPECIAL ED OFFICIAL