PERKINS IV

PURCHASE REQUEST JUSTIFICATION

(Attach to Purchase Request)

Date:_____

Requested by:_____

Program Area: _____

Reference to CTE Plan/TCSPP:_____

Explanation and Purpose for Purchase Request:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature:_____

Use of Funds Code: _____ CTE Director:_____