DISTRICT TECHNOLOGY PURCHASE PROGRAM

It is my desire to purchase the following equipment and have the cost deducted from my 20___ - 20___ salary in equal installments.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Check here if description is attached.

TOTAL COST: $_____ DIVIDED BY: _____ = $_____ PER MONTH

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

APPROVAL: _____ DATE _____