



# CTE PURCHASE REQUEST

SCHOOL YEAR: \_\_\_\_\_

VC# \_\_\_\_\_  
 SP# \_\_\_\_\_

TEACHER: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CTE PROGRAM: \_\_\_\_\_

NUMBER OF CTE CLASS PERIODS TAUGHT \_\_\_\_\_

NUMBER OF SEMESTERS / TRIMESTERS TAUGHT: \_\_\_\_\_

# OF CTE STUDENTS ENROLLED IN YOUR PROGRAM: \_\_\_\_\_

DO YOU ANTICIPATE THE NUMBER OF CLASS PERIODS OR ENROLLMENTS CHANGING? Y or N? \_\_\_\_\_

IF YES, HOW? \_\_\_\_\_

# OF STUDENTS YOU NOMINATED FOR DCTC OUTSTANDING STUDENT AWARD LAST YEAR: \_\_\_\_\_ THIS YEAR: \_\_\_\_\_

NUMBER OF STUDENTS YOU NOMINATED FOR A DCTC SCHOLARSHIP LAST YEAR: \_\_\_\_\_ THIS YEAR: \_\_\_\_\_

EQUIPMENT/ITEM TO BE PURCHASED	HOW IT RELATES TO CURRICULUM	RELATED SEGMENT(S)	COST
		COST OF FREIGHT OR S&H:	
		TOTAL:	\$0.00

WILL THIS NEW EQUIPMENT REQUIRE BUILDING INFRASTRUCTURE WORK / CHANGES? (Y / N): \_\_\_\_\_

IF YES, YOU MUST GET APPROVAL FOR THESE INFRASTRUCTURE COSTS FROM YOUR ADMINISTRATOR **PRIOR** TO COMPLETING THIS PURCHASE.

**\*\*DISTRICTS ARE RESPONSIBLE FOR THE COST OF ALL INFRASTRUCTURE CHANGES / WORK\*\***

REQUESTER COMMENTS: \_\_\_\_\_

DCTC COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Building Principal Signature

\_\_\_\_\_  
DCTC Representative Signature

**IMPORTANT: ALL APPROVED EQUIPMENT PURCHASES MUST BE COMPLETED IMMEDIATELY.**  
**ALL EQUIPMENT PURCHASED WITH 100% ADDED COST OR PERKINS FUNDS, MUST BE USED ONLY BY A STATE-APPROVED CTE PROGRAM. ANY NON-CTE USE REQUIRES A FINANCIAL CONTRIBUTION FROM THE DISTRICT.**