

Arkansas Department of Education Child Nutrition Unit (ADE/CNU)
Equipment Request Form

**Attach 3 quotes to this sheet for each piece of equipment requested.
Equipment MUST be approved by ADE/CNU prior to purchase.**

District: _____ LEA# _____ School(s) requesting equipment: _____

Contact Person: _____ Email: _____

Phone () _____ - _____ Fax () _____ - _____

Column 1-5 to be Completed By District					Column 6-8 to be Completed by ADE/CNU		
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
List each equipment item requested: (Attach 3 quotes for each item to this sheet.)	Justification of need: (Explain need for additional equipment and why current equipment is not sufficient. Attach additional sheet if necessary.)	Number Requested	Price Each	Total this Item:	Approved or Denied (circle one)	Approved / Denied By	Date Approved / Denied
					Approved or Denied		
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For ADE/CNU use only:

Date approved/denied faxed to school: _____ Signature: _____ Comments: _____