

The School Board of Broward County, Florida
Capital Budget Department - 754-321-2080

Technology and Equipment Funding Request

Location Name: _____

Control Number

(For Capital Budget Dept Use Only)

Requestor's Name: _____

Date: _____

Requestor's Signature: _____

Contact Number : _____

Sr. Manager/ Regional Superintendent (Name)

Sr. Manager/Regional Superintendent (Signature)

check if appropriate

☐

Equipment is necessary to address safety concerns or teaching and learning, and similar equipment is not available in the District (i.e. B-Stock or Warehouse)

Items Requested:	Quantity	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	\$ _____
		Total Funding Request

Justification: _____

***** APPROPRIATE BACK UP IS REQUIRED*****

Please email approved request to: capitalbudget@browardschools.com

Area Below is For Capital Budget Department Use Only

Approved

☐

Rejected

☐

Approved Coding:

G/L Account

Bus Area

Cost Center

WBS Element

Fund

Functional Area

Comments: _____

Approved by: _____ Date: _____
DIRECTOR OF CAPITAL BUDGET