

JACKSONVILLE STATE UNIVERSITY

REQUEST FOR EQUIPMENT (FORM 3)

FOR THE FISCAL YEAR OCTOBER 1, _____ THROUGH SEPTEMBER 30, _____

BUDGET UNIT: _____

ITEM DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST	APPROVED

\$ _____

BUDGET MANAGER _____

DIRECTOR/DEAN _____

Place an • by item if justification is attached.