

REQUEST TO DIRECT CHARGE, EXPENSE OR DEPRECIATE EQUIPMENT

County: _____

Date of Request: _____

Contact Person: _____

Telephone No.: _____

This request is to:

☐ Direct Charge

☐ Expense

☐ Depreciate

The item(s) of equipment outlined below will be used solely by (check one or both):

☐ Staff

☐ Clients

We request approval to direct charge, expense or depreciate these items to the _____ funding source. We agree, as the basis for making this request, to ensure that this equipment will be used solely for the benefit of the funding program throughout its useful life. We further agree to maintain appropriate records to demonstrate compliance with this requirement. **We have attached a separate sheet showing which titles, will be using the equipment.** *For example, titles of staff using the equipment, function & column codes and the percentage of time*

Quantity	Item Description	Unit Price	Total Price	Explanation/Justification

Additional information to justify the request, including information on how approval of the request will benefit the county department or its clients: