

Portland St. Patrick Catholic School Athletic Association

Unbudgeted Athletic Equipment Purchase/Facility Improvement Approval Form

Date: _____

Person Requesting Equipment/Improvement: _____

Description of the Need: _____

Estimated Costs of Equipment/Improvement: _____
(Include documents supporting cost estimate)

Installation costs (if any): _____

Shipping costs (if any): _____

Contingency (5% for equipment purchase/10% for facility improvement): _____

Taxes: _____

Total Costs: _____

Will there be any team fund/cost sharing? (If so how much) _____

Schedule for purchase or installation: _____

When will payment be required? _____

Coaches Signature _____ Date: /

Athletic Directors Signature _____ Date: /

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