



LITTLE ELM
 Independent School District
Engage Equip Empower

LEISD Campus Furniture Request Form

Date: _____

Name: _____

Campus: _____

Request:

Quantity	Description	Location of Furniture (office #, etc.)

Additional Notes:

Requester's Signature: _____

Principal's Signature: _____

Alfred Gaches' Signature: _____

*****Please email to agaches@littleelmsd.net for signature. Once returned to you, add as an attachment to the requisition in Ascender so we know the request has been approved by Mr. Gaches.**