

# CAPITAL OUTLAY REQUEST

Name of School \_\_\_\_\_

Requester \_\_\_\_\_

Date \_\_\_\_\_

## ITEMS TO BE REPLACED

CARPET \_\_\_\_\_ Room \_\_\_\_\_

BLINDS \_\_\_\_\_ Room \_\_\_\_\_

CEILINGS \_\_\_\_\_ Room \_\_\_\_\_

OTHER \_\_\_\_\_ Room \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

**\*Please do not make work orders for items that need to be approved by the Board of Education. Fax form to**

Maintenance Department @ 336-694-5249

Or email to: [kathy.steele@caswell.k12.nc.us](mailto:kathy.steele@caswell.k12.nc.us)