SWCSD #1 Plan Review Date:_____

Building Name			Person Making the Request		
Request to move furniture *Yes, skip to Signature*	☐Yes	☐No	Request for equipment	☐Yes	☐No
Additional Equipment	☐Yes	☐No	Replacement Equipment	☐Yes	☐No
Does the purchase include installation	☐Yes	☐No	Is this project on your school's 2yr plan	☐Yes	☐No
Is this a CTE Project?	☐Yes	☐No	Did you include product specifications	☐Yes	☐No
Building budget code					

Please submit a brief description of the scope of your request along with drawings and specifications, when applicable. If you checked yes for number one, you MUST provide a building budget code from your building admin. If moving furniture from one building to another, you're required to get both buildings' admins to sign-off.

Signatures

Building Admin
Building Admin
Maintenance Supervisor
Committee Initials
Grant Admin *(If applicable)*
Assistant Director
Superintendent *(Removal, or moving furniture)*
Local Fire Marshal
State Plan Review
Director of Facilities