REQUEST TO PURCHASE EQUIPMENT

CLUB NAME:	**DATE:**
LOCATION:	**Contact Person & Phone Number:**

***If your new item requires electrical power or any other utility hook up, then a CR-12 MUST BE turned in to Facilities Maintenance for "service evaluation of new equipment purchase" PRIOR to any purchase of equipment. This will avoid the possibility of return costs or added modification costs.

Brief description of item(s) to include brand name, model number, or catalog reference number, and appropritate technical specifications:
Suggested source of purchase (name and address of vendor):
Estimated Purchase Cost:
Trade-in Data (cite Recreations Centers' Inventory Number):
Brief justification for purchase:
If approved, identify location of the new items(s):
_____ Club President _____ Date
TO (Club Name): _____ Items cited above is/are APPROVED/DISAPRROVED for purchase. Note: Once secured, purchase documentation will be provided to Recreation Activites Manager to establish line item accountability with the Recreation Centers of Sun City West, Inc. _____ _ Recreation Manager _____ Date

Revised
9-30-26 KH