



# THE DISTRICT

## Small Appliances Purchase Questions (Dryer/Ice Machine/Microwave/Refrigerator/Washer/etc.)

Campus/Department: \_\_\_\_\_

Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Small Appliance: \_\_\_\_\_ Requisition #: \_\_\_\_\_

1. What is the size? \_\_\_\_\_ cubic feet
2. What is the wattage? \_\_\_\_\_
3. Advise the number of classrooms at the campus that have the requested item. \_\_\_\_\_
4. Advise the number of lounges at the campus that have the requested item. \_\_\_\_\_
  - Will this be placed in the *Nurse's Office* for the purpose of storing/heating medication?
  - Will this be placed in the *science classroom and used for instructional purposes*?
  - Will this be placed in a *special education classroom*?
  - Will this be placed in the *teacher's lounge*?
  - Will this be placed in a *classroom*?
5. If none of the above,
  - a. Advise where the requested item will be placed \_\_\_\_\_
  - b. How it will be utilized:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: all items purchased must be an "Energy Star" efficient product.

Requesting office must receive a signature approval from C. Sievers or F. Yopez. Once approved, attached to requisition and release to process.

Approval: \_\_\_\_\_ Date: \_\_\_\_\_