**EQUIPMENT, FURNITURE OR TECHNOLOGY PURCHASE REQUEST**

* **Purchases** must **be $250.00 and over.**
* **Purchases must be used for direct crime victim services only.**

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| --- | --- | --- | --- | --- |
| Purchase Date | Item(s) | Serial/Model Number | Location | Purchase Amount |
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**INSTRUCTIONS**:

**NO BUDGET REVISION REQUIRED**:

**The subgrantee agency has an adequate balance in the Equipment, Furniture or Technology line item to make a purchase.**

* No Budget Revision required.
* Reimbursement Request in **COSMOS**.
* If your agency is requesting to purchase Equipment, Furniture, or Technology complete this form and upload in **COSMOS** on the **Home** page as an attachment to the Reimbursement Request.

**BUDGET REVISION REQUIRED:**

**The subgrantee agency has a zero balance in the Equipment, Furniture or Technology line item to make a purchase.**

* Budget Revision required in **COSMOS**.
* Reimbursement Request in **COSMOS**.
* If your agency is requesting to purchase Equipment, Furniture, or Technology complete this form and upload in **COSMOS** on the **Home** page as an attachment to the Reimbursement Request.