



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENTAL/PROGRAM BUDGET REVIEW FORM
REQUEST FOR FURNITURE, FIXTURES & EQUIPMENT
FOR FY 20____-____**

ATTACHMENT C

LOC. NO./NAME _____

QUANTITY	ITEM DESCRIPTION	EST. UNIT COST	EST. TOTAL COST
		\$	\$ <input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
		TOTAL	\$ <input type="text"/>

JUSTIFICATION:

Signature: _____
Work Location Head

_____ *Date*

Signature: _____
Bureau Head

_____ *Date*