



**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 |
|----------|------------------|----------------------|-------------------------|
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| | | TOTAL | \$ <input type="text"/> |

JUSTIFICATION:

Signature: _____
Work Location Head

_____ *Date*

Signature: _____
Bureau Head

_____ *Date*