



Kathryn M. Harwell
Director

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Phone: 209.558.2500 Fax: 209.558.2558

Request for Educational/Training Materials

Participant Name:
Case Number:
Case Manager:
Activity:

To Be Completed By Participant

Participant Name _____ Address _____
Telephone # _____

Store Name	Item Needed	Quantity		Amount		Total
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
_____	_____	_____	X	_____	=	_____
		Tax		_____ %	=	_____
				Total		_____

I certify, under penalty of perjury, the above is true, correct and complete to the best of my knowledge. I authorize Community Services Agency to discuss my need for materials with the below named person. I agree to return my unauthorized items I may receive.

Participant Signature _____ Date _____

To Be Completed By Site Supervisor/Instructor

I certify that the above item(s) requested is required by the above named individual and by anyone to participate.

Teacher/Supervisor/Employer Signature _____ Date _____

Title _____ School/Worksite _____