



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 _____

