



Section 1: CEC Information

- **CEC Name:** _____
- **Contact Person Name:** _____

Section 2: Item Details

- **Item Name:** _____
- **Item Description:** *(Please provide a brief description of the item and its intended use.)*

- **Quantity Requested:** _____
- **Estimated Cost (per item):** \$ _____
- **Total Estimated Cost:** \$ _____
- **Is this request related to a health & safety concern?** Yes No

Section 3: Justification

- **Purpose of the Item:** *(Explain why this item is needed and how it will benefit the group.)*

- **Is this item part of a larger project or initiative?** Yes No *If yes, please describe:*

Section 4: Approval & Budget

- **Has this item been budgeted for?** Yes No Not Sure N/A
- **Requested Funding Source (TWP/CEC/Grant etc):**

Internal Use Only

Staff Notes:
