



**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:**

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