

Chester U3A Equipment Request Form

Name of Group(s) _____

Co-ordinator/member responsible _____

Date _____ Telephone _____

Email _____

REQUEST (Please give full details of costs, proposed supplier, reason for purchase, benefit to U3A and the storage location. Include a separate sheet if necessary)

Item/Supplier	Projected Cost
	£
Reason for purchase	
Benefit to U3A	
Storage location	

Signature _____

ACTION BY COMMITTEE

The committee has **approved / not approved** the request.

Chair _____

Date _____