

# Clarksville-Montgomery County School System

## Furniture Request

Please Type

Funding for Furniture Request (check one)
<input type="checkbox"/> Board Account No. _____
<input type="checkbox"/> ISA (School will be invoiced)

Date
------

Requesting School or Department
---------------------------------

Requested By
--------------

	Vendor
CMCSS Maintenance Department	

Description	Price
Total	

Authorized by:

\_\_\_\_\_  
Principal/Department Head

\_\_\_\_\_  
Supervisor/Division Head

\_\_\_\_\_  
Chief Financial Officer/Designee (If Board funds are used)

Authorization for Construction:

\_\_\_\_\_  
Maintenance Manager