**\*\*\*THIS APPROVED FORM MUST BE SUBMITTED WITH YOUR VISA PRIOR APPROVAL REQUEST\*\*\***

**TITLE III PROGRAM**

**WRITTEN REQUEST TO PURCHASE TONER/CARTRIDGES**

**Name of Title III Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approval is requested to purchase toner/cartridges for the above Title III activity. Please see provided information below:

1. Did Title III Purchase this printer? \_\_\_\_\_ Yes \_\_\_\_ No
   1. If Yes, Provide: PO#\_\_\_\_\_\_\_\_\_ Purchase Date: \_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_\_\_
2. Does your Department have a Canon printer that you may use with no cost to the Title III Program? \_\_\_\_\_ Yes \_\_\_\_\_\_ No
3. Location of Printer: Building and RM #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has the Title III Director Approved this request? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Justification:** Briefly describe why it is necessary to purchase the toner/cartridges at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Toner/Cartridges Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Toner/Cartridge Information | Quantity | Cost Per Unit | Total |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Director’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature Date**

**APPROVAL: DISAPPROVAL:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Anastasia Rodriguez Date Anastasia Rodriguez Date