

Agency Request for Equipment Form

Print this form, fill it out with your agency's request, and fax it to your WVGHSP Regional Coordinator or Program Manager. *Please note that this is a request only, and does not guarantee you will receive the equipment requested.*

Date		Agency	
Submitting Officer Name w/Rank		Last Four Digits of SS#	
Agency Address			
Phone Number		Email	

Item Name	Item #	Qty.	Notes (color, size, etc.)

Contingent on request approval, would your agency prefer WVGHSP purchase the requested equipment, or would your agency prefer to make the purchases and be reimbursed by WVGHSP? The original purchase receipt must be submitted if agency wishes to be reimbursed.

- Agency prefers WVGHSP purchase requested equipment
- Agency prefers to purchase requested equipment and be reimbursed by WVGHSP

COORDINATOR/PROGRAM MANAGER: Please attach your justification to support or deny agency's request for equipment to this sheet and send to the DTASP office.

DTASP Office
Dean Capehart or Amanda Green
100 Main Street Office
Beckley, WV 25801
Fax: 304-929-1840
wvlifesavers@suddenlinkmail.com