



CPE EQUIPMENT PURCHASE REQUEST

This document must be submitted electronically. Incomplete requests will not be approved & returned.

DEPARTMENT NAME:	
STREET ADDRESS/CITY/ZIP:	EMAIL:
REQUESTING DEPARTMENT HEAD:	TELEPHONE:
DEPARTMENT HEAD SIGNATURE:	DATE:

1. EQUIPMENT DESCRIPTION.		
2. DESCRIBE HOW THE EQUIPMENT WILL BE USED TO SATISFY CPE ANNUAL TRAINING REQUIREMENTS.		
3. COST ESTIMATE ONE	VENDOR NAME:	\$
4. COST ESTIMATE TWO	VENDOR NAME:	\$
5. WHICH VENDOR/ESTIMATE ARE YOU REQUESTING AND WHY:		

COMMISSION USE ONLY		
ACTION:	APPROVED	DENIED
COMMENTS:		
AUTHORIZED SIGNATURE:	DATE:	

SUBMIT COMPLETED FORM TO: MSP-MCOLES@michigan.gov