



## **GSRP Classroom Materials Request Form**

Who will use the furniture?

Program:

Site:

Room/Area:

GSRP Classroom:      Yes / No

The reason for the need?

New classroom?      Yes / No

Replacement for worn out or outdated equipment/materials ?      Yes / No

Other:

If it is replacement equipment, please provide information regarding the determination of need and inadequacy of existing equipment/materials.

IISD Review:

Request Approved: \_\_\_\_\_ Date \_\_\_\_\_

Request Denied: \_\_\_\_\_ Date \_\_\_\_\_

Justification:

Equipment Delivered \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to  
Corrie Mervyn- [cmervyn@inghamisd.org](mailto:cmervyn@inghamisd.org), Fax: 517-244-9510**



**GSRP Furniture/Equipment  
Return Form**

District/Site: \_\_\_\_\_

Room/Area: \_\_\_\_\_

Items Returned:      Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

Item: \_\_\_\_\_ Qty: \_\_\_\_\_

The reason for the return?

Closing classroom?      Yes / No

Purchasing replacement for worn out/outdated equipment ?      Yes / No

Other: \_\_\_\_\_

If you are purchasing replacement equipment, please provide information regarding the determination of inadequacy of existing equipment.

IISD Review:

All Items Received: \_\_\_\_\_ Date \_\_\_\_\_

Missing Items: \_\_\_\_\_