UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

BUDGET REQUEST 2009-2010

PROGRAM AREA _____

CAPITAL *Item must cost more than $5000. to be considered as capital

ITEM DESCRIPTION	REPLACEMENT (Check One)	ADDITIONAL (Check One)	TOTAL NO. REQUESTED	UNIT COST	TOTAL COST	RECOMMENDED AMOUNT
				TOTAL		TOTAL RECOMMENDED

Use reverse side of this sheet if explanation is appropriate.

Requested by: _____