

STEM CONNECTIONS REQUEST FOR EQUIPMENT/SUPPLIES

Date:

Please check:

Request for purchase

Request for reimbursement

Description of the proposed activity:

Amount approved for purchase is: \$

Approval signature _____ (PI or Project Manager)

NAME AND PHONE or E-MAIL OF PERSON FILLING OUT THIS FORM.

NAME OF TEACHER RECEIVING MATERIAL and their address and email.

YOUR REQUEST – whatever it is. Complete information (catalog/stock code number, address, phone number, url, etc.) of the company you are ordering supplies from. Use additional sheets (or back) if necessary.

IMPORTANT! Items are received at the STEM Ed office. All original invoices must be sent to:

Eugenie Harvey, STEM, 225 Hasbrouck, Univ. of Massachusetts, Amherst, MA 01003
(413 545-1290 / eharvey@umassk12.net)