



**SUPPORT TO CIVIC ORGANIZATIONS  
FY 2007-08 EQUIPMENT PURCHASES**

Agency:

Program Title:

Prepared by:

Agency Address:

Telephone Number:

**\*\*The City of Portsmouth requires an explanation before acquiring any purchase of equipment with a life span of more than a year. No payment will be made until this form has been reviewed and approved.**

EQUIPMENT PURCHASES						
Please complete the following information:						
Item	Unit Cost	# of Units	Total Cost	Equipment Life Span	Annual Support Cost	Purpose or Use of Equipment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*I certify that this report represents the proposed use of funding in accordance with approved grant application. Quotes receipts of purchases will be provided to the City upon obtaining the above mentioned equipment. If an item is purchased at a lesser price than estimated, excess funds will be returned to the City.*

Type Name of Authorized Person

Signature of Authorized Person

Date Signed