

**CURRICULUM LIBRARY PURCHASE REQUEST**

DEPARTMENT:

CHAIR'S APPROVAL\* (if needed):

\* Requests for single items over \$100 must be approved and signed by your Dept. Chair.

FACULTY/STAFF MEMBER:

DATE:

Indicate when you will need the requested materials:

Fall

Spring

Summer 1

Summer 2

For each item requested include the following: book title, ISBN #, catalogue page or web-link)

Item:	Price:

- If you have a publisher order form or a printed screen shot, please send along a copy with this form.
- Please consider space when purchasing- no large items!

GRAND TOTAL:

SOURCE: (Company name, address, website and/or phone)

RATIONALE - if ordering multiple copies, or for items over \$100\*:

REQUESTS MUST BE RETURNED TO ROSEANN MARLETT, CL COORDINATOR,  
marlett@strose.edu