

Buxton & District u3a

Application for equipment purchase

PLEASE WAIT FOR APPROVAL BEFORE PURCHASE

SEE THE DOCUMENT 'HOW TO APPLY FOR EQUIPMENT FOR A GROUP'

Name of group
Name of group leader email phone *please indicate preferred method of contact
Average attendance per group meeting
Name of person who will hold/be responsible for the equipment
Equipment requested
Reason for request
Specification and cost
Are there any disability-related issues
What is the useful life of the equipment in years
How many in the group will benefit directly
How many times per year does the group meet?
How many times per year (approx..) will the equipment be used?
Are there any other options?
Date:
Signature: