

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

Fabius, New York 13063

RENV'N

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Building: Elementary
 Middle School
 High School
 Districtwide
 Bus Garage

Room / Equip. Renovations

2024-2025

Room # _____
 or
 Location: _____

EMPLOYEE NAME (PRINT) _____

Subject/Grade _____

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List below those furniture repairs and/or facility renovations that you feel will improve the overall educational environment of your work area. Include such renovations as: furniture repairs; wall or floor repair and refinishing; lighting; repairs of mechanical equipment; window shades; etc.; etc.

Prioritize your requests by listing the most important first, and follow with any other requests in order of importance.

Do not complete the "Cost Estimate" column. The Business Office and Maintenance Department will determine cost estimates after this form has been completed and returned.

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| (if applicable) Quantity | Item | Describe Requested Renovation |
|-----------------------------|------|-------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Signature: _____
 Employee's/Requisitioner's Signature

Date: _____

Subtotal _____

Signature: _____
 Employee's Supervisor's Signature

Date: _____

10% Ship/
 Handl. _____

TOTAL _____

Signature: _____
 Purchasing Agent's Signature

Date: _____

Business Office Use

Account #: _____