



# REQUEST FOR APPROVAL OF PERQUISITES OR SALE OF GOODS AND SERVICES

**AGENCY NAME AND ADDRESS:**

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**REQUEST: (Check one)**

<b>a. <input type="checkbox"/> New Request #:</b>		<b>b. <input type="checkbox"/> Revise Existing Request #:</b>	
<b>c. <input type="checkbox"/> Delete Existing Request #:</b>		<b>d. <input type="checkbox"/> Report only of Other Clothing Furnished:</b>	

<b>a. County Code</b>	
<b>b. Facility</b>	
<b>c. Address</b>	

**CLASSIFICATION INFORMATION:**

a. Pay Plan	b. Class Code	c. Class Title	d. FTE in Class

**JUSTIFICATION:**

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**ITEM DESCRIPTION:**

Perquisite category code:	
Description Narrative:	

**PER UNIT COST INFORMATION:**

a. Class Code	b. Annual Cost to the State	c. Annual Maintenance Allowance Cost	d. Annual Fair Market Value	e. Annual Charge to Employee	f. Monthly cost to the State
<b>TOTAL</b>	0	0	0	0	0

**TOTAL ANNUAL COST FOR ALL POSITIONS:**

0

**ACTION TAKEN:**  a. Approved  b. Disapproved

**Agency Authorized Signature**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
Date