**REQUEST FOR PERKINS IV STATE I.D. TAGS**

Date Requested Number and Name of Educational Institution

Contact Name of Institution Title Phone

PO Box/Street City Zip Code

Contact E-mail

**Funding Source (circle one): Perkins IV**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Equipment | Model No. | Cost per Unit | Purchase Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Specify number of tags needed for the following categories:**

|  |  |  |
| --- | --- | --- |
| Administration  | Agricultural, Food & Natural Resources  | Business & Computer Tech |
| Marketing  | Family & Consumer Sciences  | Health Science |
| Technology Education  | Trade & Industry  | Education and Training |

PRINT Name of Authorized Administrator Title

Signature of Authorized Administrator

Please return or email this form to Tiffany Hoffman thoffman@ksde.org Kansas State Department of Education, 900 SW Jackson St Suite #653, Topeka, KS 66612.

Fax #: 785-296-2294