DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION

Proposal for Equipment Purchase (Sports Team)

Proposed by		Sports Team:						
		Name of Student:						
		Contact (mobile and email):						
No	Item	Quantity	Unit Price	Total	Estimated	New or	Justification	
				cost	Maintenance	Replacement		
				(HK\$)	Cost (HK\$)			
1.								
2.								
3.								
4.								
5.								
6.								
	Total:							
Suppor	rted by Consultant:	Approved by HoD / Delegate						
Name:			Name:					
Date:		Date:						