

**308: REQUEST FOR EQUIPMENT, TOOLS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)**

CHAPTER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**TRAIL INFORMATION**

SECTION: \_\_\_\_\_

**SECTION LEADER OR LAND MANAGER INFORMATION**

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**REQUESTOR INFORMATION**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Type of Tool/Equipment	Brand	Model #	Vendor	Quantity	\$/UNIT	\$ AMOUNT
<b>TOTAL COST</b>						

**Volunteers:** Please use this form to request PPE, Tools, First Aid Kits, Paint and Equipment for trail work on the Florida National Scenic Trail.