



**Children in Transition**  
***Item Purchase* Request**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Advocate: \_\_\_\_\_

***This form is to be used when requesting items to be purchased through CIT such as, school clothing, uniforms, hygiene, school supplies, etc.***

Student Name	ID #	Gender	School	Item	Size

Notes/Special considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by: _____	Date received: _____
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