

**Purchase Justification – Use of Pesticide Applicator Fees**

Date: \_\_\_\_\_  
County Name \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, MT Zip Code \_\_\_\_\_  
Phone (406) \_\_\_\_\_ Fax (406) \_\_\_\_\_

Amount of Purchase: \_\_\_\_\_ Estimate if not known

Purchase Description\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Technical equipment over \$500 must be approved by MSU Information Technology Center (ITC) **PRIOR** to purchase with DPES form available at

How will this purchase be used for pesticide education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If purchasing equipment, what percent of time will it be used for pesticide education? \_\_\_\_\_

<b>MSU Approval</b>	_____ Budget and Fiscal Director	_____ Regional Department Head
	_____ Vice Provost and Director	Computer Purchase Approval _____ Extension Service IT Representative