TRAINING DELIVERY SUPPORT GRANT  
2023 PURCHASING PLAN

**Please list proposed items, reason for purchase and estimated cost**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Item** | **Reason for purchase**  **(Please also identify where cost is part payment towards purchase of item)** | **Estimated Cost** |
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| **Total** | | |  |

**Learn Local Representative**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Learn Local Organisation** |  |
| **Signature** |  |
| **Date** |  |

**Regional Manager Authorisation**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Region** |  |
| **Signature** |  |
| **Date** |  |

**Further Information**

**If you need to make any significant changes to your Purchase Plan after regional authorisation, please contact your Regional Manager.**