

# BUDGET CAPITAL EQUIPMENT REQUEST FORM

(Greater or Equal to $500.00)

**2016-2017**

**Department Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Account**  **Number** | **Description of Equipment** | **√** | **Total Cost** | **Justification** | **Priority**  **\*** | **Funding Sources**  **\*\*** |
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**√ = Check this column if this is replacing old equipment**

**\* Priority: \*\* Funding Source:**

**P = PBIE ranked and approved O = Operating Budget**

**H = High G = Grant Funded**

**M= Medium F = Foundation**

**L = Low**