

#  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**