

Orange County Community College  
 Budget Request  
 2010-2011 Fiscal Year

---

Department Name

---

Department Number

**CAPITAL EQUIPMENT REQUEST  
 2010-2011**

<b>ACCOUNT NUMBER</b>	<b>DESCRIPTION OF EQUIPMENT</b>	<b>√ *</b>	<b>TOTAL COST</b>	<b>JUSTIFICATION</b>	<b>Priority **</b>

\* Check if replacement

\*\* P = PBIE ranked and approved

H = High

M= Medium

L = Low