Orange County Community College		
Budget Request	Department Name	
2010-2011 Fiscal Year		
	Department Number	

CAPITAL EQUIPMENT REQUEST 2010-2011

ACCOUNT NUMBER	DESCRIPTION OF EQUIPMENT	√	TOTAL COST	JUSTIFICATION	Priority **

 $\sqrt{\ }$ = Check this column if this is replacing old equipment

** P = PBIE ranked and approved

H = High

M= Medium

L = Low