Orange County Community College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Request Department Name

2012-2013 Fiscal Year

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Number

# CAPITAL EQUIPMENT REQUEST

**2012-2013**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACCOUNT****NUMBER** | DESCRIPTION OF EQUIPMENT | √  |  **TOTAL COST** | JUSTIFICATION | Priority \*\*  |
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 **√ = Check this column if this is replacing old equipment**

 **\*\* P = PBIE ranked and approved**

 **H = High**

 **M= Medium**

 **L = Low**