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**