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

Budget Request Department Name

2013-2014 Fiscal Year

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

#  Department Number

#  EQUIPMENT REQUEST

(Greater or Equal to $500.00)

**2013-2014**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 Sources:**

 **P = PBIE ranked and approved O = Operating Budget**

 **H = High G = Grant Funded**

 **M= Medium F = Foundation**

 **L = Low**