



CAPITAL EXPENDITURE REQUEST - # ___ - _____

DEPARTMENT NUMBER:	DEPARTMENT NAME:
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PURCHASE DESCRIPTION (Quantity, Model #, Etc.):

VENDOR:

COSTS:

LAND & IMPROVEMENTS	\$
BUILDINGS & IMPROVEMENTS	\$
EQUIPMENT \$	
INSTALLATION \$	
FREIGHT \$	
SALES TAX (9.75%)	\$
OTHER \$	
TOTAL \$	
AMOUNT BUDGETED	\$
<OVER>/UNDER BUDGET AMOUNT	\$

BUDGET SUBSTITUTIONS: When there is no budget for the item(s) above, or the cost exceeds the budgeted amount, a substitution from your department's capital budget must be made. Describe the budgeted items to be replaced and the amount approved in the capital budget.

BUDGETED ITEM DESCRIPTION: _____
BUDGET AMOUNT: \$ _____

PROJECT / EQUIPMENT CAPACITY:

<input type="checkbox"/> NEW CAPACITY	<input type="checkbox"/> ADDITION TO CURRENT CAPACITY	<input type="checkbox"/> REPLACEMENT
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SOURCES OF FUNDING AND APPROVALS:

DEAN/DIRECTOR/DEPARTMENT MGR: _____	DATE: _____
CHIEF FINANCIAL OFFICER: _____	DATE: _____
FIXED ASSET ACCOUNTANT: _____	DATE: _____
*FUND ACCOUNTANT: _____	DATE: _____
*DEVELOPMENT: _____	DATE: _____
CAPITAL BUDGET: _____	GRANT ACTIVITY #: _____
OTHER (specify): _____	

* Required only when restricted funds are used.