



Samuel Merritt University

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 (10.25%)	
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:

CHING-HUA WANG, President & CEO: _____	DATE: _____
DEAN/DIRECTOR/DEPARTMENT MGR: _____	DATE: _____
CHIEF FINANCIAL OFFICER: _____	DATE: _____
FIXED ASSET ACCOUNTANT: _____	DATE: _____
CAPITAL BUDGET: _____ GRANT ACTIVITY #: _____	
OTHER (specify): _____	
