



CAPITAL EXPENDITURE REQUEST - # ____ - _____

DEPARTMENT NUMBER: _____ DEPARTMENT NAME: _____

PURCHASE DESCRIPTION (Quantity, Model #, Etc.):

VENDOR: _____

COSTS:

LAND & IMPROVEMENTS	
BUILDINGS & IMPROVEMENTS	
EQUIPMENT	
INSTALLATION	
FREIGHT	
SALES TAX (10.75%)	
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:

NEW CAPACITY ADDITION TO CURRENT CAPACITY REPLACEMENT

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): _____
