

Cost Center Name: _____
 Cost Center # _____

Date _____ / _____ / _____

BUILDING* _____ RENOVATION* (*=requires Dir. of Facilities signature) _____ EQUIPMENT _____
 NEW _____ REPLACEMENT - IF SO, WHAT IS IT REPLACING _____

REASONS FOR REPLACEMENT? _____

BUDGETED? YES NO COMPETITIVE BIDS / EDUCATIONAL DISCOUNT ACQUIRED?
 FUNDED BY RESTRICTED/GIFT FUNDS? YES NO YES NO
 WILL THE OLD UNIT BE TRADED IN? YES NO
 REQUIRE PLANT SERVICE INSTALLATION? YES NO
 REQUIRE ITS SERVICES? YES ** NO (**=requires ITS signature)

IF YES, EXPLAIN _____

HOW WILL OLD EQUIPMENT BE DISPOSED? _____

ALL EQUIPMENT WILL BE DELIVERED TO _____

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
ATTACH QUOTE			TOTAL	

DEPT. CHAIR/DIR. _____ DEAN/VICE PRESIDENT _____

DIRECTOR OF FACILITIES (if applicable) _____ ITS (if applicable) _____

VENDOR	REFERENCE PERSON AND PHONE NUMBER/FAX	
DATE REQUESTED	DATE ORDERED	APPROX. DELIVERY DATE
P.O. NUMBER	QUOTE NUMBER	ORDER PLACED BY

FOR OFFICE USE ONLY:

CAPITAL EXPENDITURES COMMITTEE CHAIR _____

CONTROLLER _____

FINANCE COMMITTEE _____
(over \$ 100,000.00)

BOARD OF TRUSTEES _____
(over \$ 250,000.00)