



Capital EQUIPMENT Request Form

CE

Requestor:		Department:		Phone #:		Date:	
Description of Requested Equipment						Capital Equipment Identification (Finance Use)	
<input type="checkbox"/> Initial Request	<input type="checkbox"/> Supplemental Request	Responsible Department:				Index Title:	
Description: <i>Be as specific as possible. Indicate the quantity of items.</i>			Justification: <i>Why is request necessary?</i>				
Funding Source							
Budgeted			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>Funding Source</i>	<i>Identifier</i>				<i>Amount</i>		
A) Centralized Capital Budget							
Capital Academic Index					\$		
Capital Clinical Index					\$		
To be completed for Equipment with Multiple Funding Sources:							
B) Department							
Department Index					\$		
Department Index					\$		
C) Grant							
Grant Index					\$		
Grant Index					\$		
D) Gift							
Foundation ID					\$		
E) Other							
				\$			
Total Funding Source for Capital:				\$			
Funding Source for Warranty / Maintenance:							
				\$			
Total Funding Source:				\$			
<i>Warranties and Maintenance are operating expenses. The cost is to be against the appropriate Operating Index and Expense Account Code.</i>							
Approval Signatures Required:						Total Budgeted Cosv	
Principal Investigator:		Date:		Sr. Vice-President of Finance & Admin / CFO:		Date:	
Director of Grants Accounting:		Date:		Department Chairman or Hospital Administrator:		Date:	
Facilities / Technical Support Services:		Date:		Executive Director of Hospital / CEO:		Date:	
Vice-President for IT / CIO:		Date:		Director of Capital Budgets & Planning:		Date:	
<i>Authorization is granted to purchase the requested equipment as defined above utilizing stated Index number and not to exceed the Budgeted costs. Any changes in cost requires additional approval.</i>							

Capital Equipment Identification (Finance Use)	
Index Title:	
Index Number:	
Organization:	
Program Code:	7230 – Equipment / Software
Date Established:	
<i>If Lawson E-Req. is to be used; authorization forms must be completed.</i>	
Total Budgeted Cosv	
78204 Capital Equip. \$5,000 Plus:	\$
78206 Capital Software \$5,000 Plus:	\$
78402 Research Equip. \$5,000 Plus:	\$
78404 Research Software \$5,000 Plus:	\$
Total Budget for Capital:	\$
7 5 Equipment Rental:	\$
7 5HSDU 6HUYLFHV:	\$
7 7 Computer Maintenance:	\$
71128 Operating Lease Expense:	\$
Total Budget for Warranty / Mntn:	\$
Total Budget Cost:	\$
<i>Total Funding Source must equal Total Budgeted Cost.</i>	