



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 Cost	
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>							