



Equipment Request Form

Date: _____

Requestor's Name: _____

Division: _____

Project Name: _____

Date Needed: _____

Budgeted Request? ___ Yes ___ No

Category—Check as many as applicable:

- Replacement Upgrade New
 Hardware Software Accessory

This is a Request for the Following Items

(attach feature comparison spreadsheet for new products-is not required for previously approved products)

Quantity	Description of Item	Suggested Vendor	Unit Cost	Total Cost
Grand Total				

Justification for Request: _____

Attach sheet if additional room is required for justification.

Supervisor's Approval: _____

Date: _____

Division Manager's Approval: _____

Date: _____

System Administrator's Approval: _____

Date: _____

President's Approval Signature: _____

Date: _____