



Equipment/Project Requested

Equipment/Project Requested:

Description of Equipment/ Renovation:

Cost, not to exceed: attach quote and photos
(include contingency if required):

Unit or Department:

Allocated: Yes No

Greatest Needs: Yes No (Please check one)

Reason for Funding Request

Why Equipment/Project is Needed:

Did you try for funding elsewhere: Yes No
(If so where):

Replace Existing Equipment: Yes No (Please check one):

If YES, how old is the equipment

Approval

Approved by:

Date: