



Equipment Request Form

Date: _____

Program Name: _____

Priority: High Medium Low

Type of Equipment: _____

Capital (greater than \$5,000): Yes No or Non-Capital (less than \$5,000): Yes No

Quantity: _____ Cost Per Unit: _____

Total Cost: _____

Is this request grant funded? Yes No If yes, Grant Title: _____

Is this equipment necessary to maintain program accreditation? Yes No

Is there a recurring cost (i.e., annual fee, subscription, upgrade, etc.)? Yes No

Is this a replacement for current equipment? Yes No

 If yes, where is the equipment currently located: _____

Equipment Justification:

Submitted by: Print Name _____ Signature _____

Approval Signatures

Dean _____

VP, Chief Officer _____

VP, Chief Financial Officer _____