

EQUIPMENT TRUST FUND PHASE 31

REQUEST FOR APPROVAL OF ADDITIONAL EQUIPMENT

Department: _____
(No.) (Name)

Mail Code

Requested By: _____

Telephone: _____

E-mail: _____

Item Requested: _____ Quantity: _____

Price: \$ _____

Model No.: _____

Manufacturer: _____

Purpose of Equipment (Check ONLY ONE):

Instruction _____ Research _____ Public Service _____
Academic Support _____ Student Services _____ Institutional Support _____

Justification: (Please provide a brief explanation for requesting a new number, if this is a substitution; include the affected SCHEV reference numbers for the replaced items.)

OBFP Use Only: Approved: _____ Yes _____ No

Program: _____

HEGIS: _____

Fund Number: _____

SCHEV Reference No(s): _____

Record added: _____