

# Equipment Request

FOAPAL Number:	
Account Name:	
Funding Amount:	
Item Requested:	
Justification (include the assessment basis for your request):	
Effect on Department if Funding is not Granted:	

Note: The signature of the Director of Tech. Services is required for computer purchases exceeding \$5,000.

Requested by: \_\_\_\_\_  
Department Head/Manager/Director

Recommended by: \_\_\_\_\_  
Dean

Recommended by: \_\_\_\_\_  
Vice President

Approved by: \_\_\_\_\_  
President

Approved by: \_\_\_\_\_  
Director of Tech. Services