

Niagara University
Capital Equipment Request Form

Directions: Please complete one form for each request. If requesting IT equipment, submit to IT before seeking approval. If requesting furniture or equipment that requires electrical work, installation or moving/disposal, submit to Dr. Willard, Facility Planning, before seeking approval. Send the request to your supervisor. If approved, the functional officers will review the plan, establish priorities for their sector, and submit to the Capital Expenditures Committee. Requestor will be notified of results.

Originator _____ **Department** _____

Description of equipment and justification. *Include quantity, date needed, previous supplier (if applicable), whether it was original or replacement, quote (if applicable) and cost.*

Date Submitted _____ **Signature of requestor** _____

IT Approval, if IT equipment is requested.

Signature _____ *Date* _____

Facility Planning Approval and attachments if appropriate

Signature _____ *Date* _____

Approval: If no, please return to requestor. If yes,

Dept Chair _____ **Dean/Director** _____

The project is approved for submission to the Capital Expenditures Committee and will be considered as _____ priority.

Functional Officer Signature _____ **Date** _____