

**CAPITAL EXPENDITURE REQUEST FORM**

<b>BUDGET NO.</b>	<b>DATE:</b>
<b>BUDGET DESCRIPTION:</b>	<b>REQUESTED BY:</b>
<b>DEPARTMENT NAME:</b>	Replacement Equipment ?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>DEPARTMENT ACCT:</b>	If no:
<b>CER AMOUNT:</b>	Revenue Generating?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>SOURCE OF FUNDS:</b> (list ALL sources)	If yes attach proforma.
	If recommended for lease rather than purchase, check box and complete and attach explanation and evaluation. <input type="checkbox"/>

**BRIEF PROJECT DESCRIPTION AND JUSTIFICATION**

**EFFECT ON OPERATIONS**

List all other costs associated with the approval of this request such as additional staffing, maintenance agreements, supplies, etc..

**COMPLETE THIS SECTION FOR ALL EQUIPMENT REQUESTS**

Number of Units	Manufacturer	Model Number

**VICE PRESIDENT APPROVAL**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY FINANCE**

PROJECT CATEGORY	Budget Amt.	CER Amount	Date
Professional Fees			CAC:    /   /    Approved
Construction			/   /    Approved with
Equipment & Furniture			/   /    Modification
Permits & Fees			/   /    Disapproved
Project Administration			Comments:
Other C&D			
Pre CER Expenditures (CIP)			
Capitalized Interest			
Land Purchase			
Other (Non-C&D)			
<b>TOTAL PROJECT COST</b>	<b>\$</b>	<b>\$</b>	

**REVIEW AND APPROVAL**

<b>CFO</b>	<b>Date</b>	<b>CEO / COO</b>	<b>Date</b>
<b>MATERIALS MANAGEMENT</b>	<b>Date</b>	<b>HOSPITAL INFORMATION SYSTEMS</b>	<b>Date</b>
<b>CONSTRUCTION &amp; DESIGN</b>	<b>Date</b>	<b>BIOMED</b>	
<b>LEGAL REVIEW</b>	<b>Date</b>	<b>FINANCE RELEASE OF FUNDS</b>	<b>Date</b>