

GRANT CAPITAL ITEMS

If you are requesting new Capital Items on the grant (Items over \$1,000), please provide in detail the item description and where the item will be used/located. Then sign and return this form along with the Grant Fiscal Impact Form to Finance.

DEPARTMENT: _____

GRANT NAME: _____

GRANT NUMBER: _____

PROJECT MGR: _____

CONTACT NUMBER: _____

CAPITAL ITEM REQUESTED: _____

LOCATION WHERE CAPITAL ITEM WILL BE USED: _____

DETAIL DESCRIPTION AND PURPOSE FOR CAPITAL ITEM: _____

AMOUNT: _____

NOTE: Price should include taxes and shipping and handling charges.

DOES CAPITAL ITEM REPLACES OLD ITEM ALREADY ON HAND?
(If yes fill in the information below)

YES NO
(Circle one)

If so, please tell how item to be replaced will still be used and location where it will be used.

SIGNATURE OF DEPARTMENT MANAGER: _____

SIGNATURE OF DIVISION DIRECTOR: _____