Equipment Request Input Sheet

Please complete all the entries below with the information required to make your desired purchase:

1. Item Description, including all components and accessories:
(Common Name and Nomenclature)

Suggested Source/Manufacturer: _____ Model No. _____ Est. Cost $_____

2. If unit cost exceeds $2,500.00, provide three different sources of supply:

Company A: _____ Model No.: _____
Company B: _____ Model No.: _____
Company C: _____ Model No.: _____

3. General design features required to meet existing installation limitations:

a) Maximum dimensions (in inches): Height:_____ Width :_____ Depth:_____
b) Electrical voltage: Volts:_____ Hz:_____ Amp:_____ Phase:_____
c) Utilities required: Water:_____ Drainage:_____
d) Are there any Safety requirements? Yes / No
e) Other unique requirements (i.e. surge protection, security requirements (locks, cabinets, doors, ect)

4. Justification

a) Mission impact if not funded in the fiscal year requested:

b) Will requested item be used in conjunction with any other equipment within the entire facility (existing or proposed)? If yes, explain:

c) Additional information, as needed:

5) Facilities Information:

a) Is facility modification required (i.e., additional electrical support; plumbing (water, steam, drainage); emergency power; gas (air, O2, exhaust; additional heating, a/c, ventilation; radiation shielding). If yes describe.

b) List additional considerations not previously mentioned.

6) Dept Name: _____
Dept POC: _____
Phone #: _____

_____
Department Head Signature
(Please date and Sign)