

BP-A135_MAJOR EQUIPMENT JUSTIFICATION

MAJOR EQUIPMENT JUSTIFICATION

Cost Center Priority No. _____
Institution Priority No. _____

Fiscal Year: _____

Institution	D/U	C/C	Signature of Cost Center Manager	
Description		Quantity	Unit Cost	Total

Justification: Must include: (1) Minimum features required in order to render the item satisfactory for end user, (2) where and how the item will be used, (3) estimated number of employees who will use the item on a regular basis and the estimated amount of use the item will receive, (4) number of similar items on hand, and amount of use such items receive, (5) if no similar items are utilized, how work (to be performed by item requested) is presently accomplished, (6) repair history and/or age, condition of item being utilized for trade-in (if applicable), (7) estimated results and implications if the item is not procured, (8) the estimated results, savings and implications if the item is procured, (9) Basis for estimated used in (7) and (8). (10) Is this a replacement item? If yes, what is the item replacing?

Explain why this item was not on priority list or why it did not have high enough priority to be funded in initial budget submission.

Approved: Signature of Business Manager	Date
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Use this space only if special funding is requested from Region or Executive Committee. (If to be forwarded to Executive Committee.)

Signature of Warden	Date
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Signature of Regional Director	Date
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