

Andrews University

CAPITAL PURCHASE REQUISITION \$ 2,500.00 and OVER

Cost Center Name: _____
Cost Center # _____

Date _____/_____/_____

BUILDING*

RENOVATION* (*=requires Dir. of Facilities signature)

EQUIPMENT

NEW

REPLACEMENT - IF SO, WHAT IS IT REPLACING _____

REASONS FOR REPLACEMENT? _____

BUDGETED?

YES

NO

FUNDED BY RESTRICTED/GIFT FUNDS?

YES

NO

WILL THE OLD UNIT BE TRADED IN?

YEEQUIPMENT

NOEQUIPMENT

REQUIRE PLANT SERVICE INSTALLATION?