



## EQUIPMENT ACQUISITION REQUEST

For Requisition Number R\_\_\_\_\_

This form is required for any item or group of items to be used together that are considered Capital expenses. Capital expenses are those that are \$2,500 and greater. *All sections are to be completed* by filling in the requested information.

Date: / / 20		Requisitioner's Name:		Department:	
FOAP	Fund	Org	Acct	Prog	

Item/group of items is considered to be:

<input type="checkbox"/> New Equipment	<input type="checkbox"/> Replacement Equipment
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Description and performance of equipment:

Order is for:

<input type="checkbox"/> Single Capitalized item	<input type="checkbox"/> Multiple Capitalized Items
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Number of Tags to be issued (if multiple tags are needed)

IIT Tag number (if upgrading present equipment)

Reason for purchase (superiority over presently available equipment, scientific data, etc):

If purchase is replacing equipment, replaced equipment is being:

<input type="checkbox"/> Disposed	<input type="checkbox"/> Donated	<input type="checkbox"/> Transferred to another department (if so, list department: _____)
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**Form should be returned to Darlean Smith in the Controller's Office, Main Building Suite 201, 3300 S Federal St, Chicago, IL 60616**