

# Equipment Request Form

Equipment \_\_\_\_\_

Vendor \_\_\_\_\_

Vendor Contact Info (names, phone #, websites, logins, etc):

Quantity \_\_\_\_\_ Cost per Item \$ \_\_\_\_\_ Approx Total Cost \$ \_\_\_\_\_

Date Needed \_\_\_\_\_

Budget to be Charged \_\_\_\_\_

Purpose of Equipment:

Notes:

Person Requesting Equipment \_\_\_\_\_

Person Requesting Equipment Signature \_\_\_\_\_

Dept Chair Name \_\_\_\_\_

Dept Chair Signature \_\_\_\_\_