



Capital Expenditure Authorization Form

* Indicates Required

Tracking Number: *
Short Description: *

Original Purchase Department Computer IT HW/SW Local Purchase

Requestor Information

Employee: *
Phone: *
Department #: *

Submitted Date: *
Employee #: *
Extension:

Business Justification *

General Information

Date Required: *
Location: *
Ship To Company: *
Address 1:
Address 2:
City: *
Zip: *
Attention: *

Other Location:

State: *
Country: *

Quotes/Attachments

Quotes Attached: * Yes No

Cost Breakdown	
Sub-Total:	
Installation Cost:	
Material:	
Freight:	
Tax:	
Total:	

Invoice Information (For A/P Use Only)	
P.O. Number:	
Vendor Number:	
Invoice Total:	
Date Tagged:	

Actual Cost (For A/P Use Only)	
Asset Sub-Total:	
Installation Cost:	
Material:	
Freight:	
Tax:	
Total:	