

## Capital Expenditure Authorization Form

\* Indicates Required

Tracking Nur			
Short Descri	ption: *		
Original	Purchase Department	Computer IT HW/SW	Local Purchase
Requestor I	nformation	Submitted Date: *	
Employee: *		Employee #: *	
Phone: *		Extension:	
Department :	#: <b>*</b>		
Business Ju	ustification *		
General Info	ormation		
Date Require	ed: <b>*</b>		
Location: *		Other Location:	
Ship To Com	npany: *		
Address 1:			
Address 2:			
City: *		State: *	
Zip: *		Country: *	
Attention: *			
Quotes/Atta	chments		
Quotes Attac	ched: * Yes No		

## Description

Attach copy of justification and calculations, if cost savings are indicated

ltem Number	Quantity	Description	Vendor	Unit Price	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
			Sub-Total:		

## **Accounting Use Only**

Tag Number	Serial Number	CEAR Price
Sub-Total:		

	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:	

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