

WT EQUIPMENT PURCHASE FORM

Name: _____

Date _____

Department: _____

Phone: _____

E-mail Contact _____

Select one: New Replacement Expansion Upgrade Minor Equipment <\$5,000

Equipment Description:

Equipment Name	
Describe Function	

1.) Building/Room where equipment will be located:

Building	Room
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a.) Does building have a dock? Yes No

b.) Is lift gate required? Yes No

c.) Inside delivery required? Yes No

Additional cost to consider or other specialized unloading or loading Instructions

Is there existing equipment to be disconnected and moved before the new Equipment is installed Yes No

Describe Existing Conditions of Equipment	
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2.) Please complete the equipment information below:

Manufacturer	Model	Equipment Cost	Supply item Y/N	Qty.	Shipping Cost	Installation Cost	Total Cost

- Supply Items may include cords, batteries, filters or other items necessary for continued operation

3) Site preparation requirements:

Electrical and/or emergency power requirements	
Building modifications to install or use	
Water, sewage/drainage, or steam connections	
Compressed gas, air, oxygen, or vacuum utility connections	
Radiation, laser, radio waves, or radioactive components permits/review	
Special structural support due to weight or size	
Modifications to heating, ventilation, or air conditioning	
IT services	
<small>Please provide a cut sheet or web address that has the product specifications and an image of the item to be reviewed</small>	

Department approvals:

Approvals	Signature	Date
Department Head		
Physical Plant Unit Director		
Warehouse Manager		
AVP Academic Research		
Purchasing Director		
Other		
Other		