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

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	

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	
Please provide a cut sheet or web address that has the product specifications and an image of the item to be reviewed	

Department approvals:

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