

**Supplies, Equipment, Furniture, and Other Request Form**

This form is to request supplies, furniture, equipment (under \$10,000 and non-technology), and other requests.

Below are some definitions used by the Resource and Operations Council to assist you in preparing your request.

**Supply:** A material item of an expendable nature that is consumed, wears out, or deteriorates in use; or one that loses its identity through fabrication or incorporation into a different or more complex unit or substance.

**Equipment:** Tangible property with a purchase price of at least \$200 and a useful life of more than one year.

**Other:** All non-operational requests and requests that do not fall under staffing, technology, or facilities requests are considered "other requests." For department operational needs, please discuss with your Deans office.

The Resource and Operations Council uses the following criteria to rank all requests. The following criteria will be ranked on a scale of 1-5, with five being the highest score.

1. Health and Safety
2. Equipment replacement and duplication
3. Critical need
4. Program expansion/innovation
5. Impact on student success and access

**This form will not save partially-completed responses. Please use the PDF version of this form to plan your responses and complete this electronic form when you are ready to submit your responses.**

\* Contact Person:

Name

Email  
Address

Department:

Title of Request:

Location of Request:

Type of Request:

- Supplies
- Equipment
- Furniture
- Other: Please specify the non-operational other request:

**Description of Request:**

Please provide a description of the supplies, equipment, furniture or other request. When making your request, please be as specific as possible and include information such as make, model, manufacturer, color, quantity, etc.

Estimated Cost:

Please attach quote, if available

Only PDF, DOC, DOCX, PNG, JPG, JPEG, GIF files are supported.

Choose File

No file chosen

Total Cost of Ownership:

Can this request be maintained with existing funding sources? If not, please explain your plan to maintain this request. Example: potential yearly service agreements, warranties, and replacement costs.

Justification of Request:

Please select the applicable criteria and provide the details how the criteria relate to your request.

- Health and safety
- Equipment replacement
- Critical need
- Program expansion
- Impact on student success and access
- Duplication
- Innovation

**Provided details:**

**Program Goal:**

Please identify the program goal(s) this request would help your program achieve and provide a brief explanation of how it would do so.