

Name: _____

Date: _____

Requested Item(s): _____

Estimated Cost: _____ Quote Attached? Yes No

Replacing Existing Equipment? Yes No

Description: (explain how it will be utilized, what departments will use it, how it will supplement teaching labs and/or leverage other projects, how it supports the College of Engineering Strategic Plan and/or areas of distinction, and any other justification)

Purpose: Classroom/Teaching (list classes below)

Proposed location for storage/use: _____

List any specific requirements or accommodations for this equipment:

Electrical: _____ Compressed Air / Gas _____

Maintenance/Calibration: _____

Safety Training: _____

Other: _____ NONE

List possible funding sources or other funding available or received: (list any past or present internal or external funding received for this project/equipment, how it has been utilized, and its impact inside and outside the College)

Additional Comments: (if necessary, continue on next page)

