



CAPITAL EXPENDITURE REIMBURSEMENT REQUEST FORM

Capital Expenditure Requested (Description):

Amount Requested: \$

Purchase Speedtype & Account No.

Department/Management Center: _____

Requested By:
 Signature _____ Date: _____
 Print name _____

Approved By:
 Signature _____ Date: _____
 Print name _____

Date Required: _____

Reason for Expenditure:

- Health/Life/Safety
- Equipment Failure
- Government/Other Required Compliance
- Other _____

Other Approvals:

Controller's Office Approval:
 Signature _____ Date: _____
 Print name _____

Budget Department Approval:
 Signature _____ Date: _____
 Print name _____

CFO Approval (\$250k and higher) _____ Date: _____

Funding Sources Description	SpeedType & Account No.	Amount
		\$
	Total	\$