

College of Social and Behavioral Sciences
Capital Equipment Request 2009 – 2010

Final Rank #
Use Pencil

Deadline for Chair / Director Submission: Oct 25th, 2009

Note: Each piece of equipment must be on a separate form.

Sections 1 through 5 to be completed by the individual or department making the request.

Part 1. Supplicant Information - Required

Request Date: _____ Department: _____

Request Nature (Select One): Capital Request Emergency Request

Submitted by: _____

End User (or Destination): _____

Request Type (Select One): Technology Furniture Other

Note: Research equipment funding is the responsibility of the individual conducting the research.

Part 2a. If Computer

First, enter your CURRENT computer's PCN (Property Control #): _____

Note: The 6 digit PCN can be found on a small white (or cream) adhesive tag (with a bar-code and the inscription "Property of NAU"), located somewhere on the outside of your computer.

Second, select your REQUESTED computer's Platform and Configuration:

Apple / Mac OS Platform Dell PC / Windows Platform

Desktop / Tower Config Laptop / Portable Configuration

Note: SBS provided computers meet or exceed the following technical specifications:

- 13 inch (laptop) or 20 inch (desktop) Screen
- 80GB (laptop) or 160GB (desktop) Storage
- 2.4 GHz Intel Dual Core Processor
- 2GB of Memory
- Carrying Case (laptop)

Note: The SBS individual computer allowance is **\$1500 US**

Part 2b. If Other Technology (Please Specify):

Equipment: _____ Cost: \$ _____

Notes: _____

*This section to be completed by the **Dept Chair or Director** (where applicable).*

Part 6. Funding and Remuneration Worksheet - Required (Please be Specific):

- Request Full funding from the Dean
 - Request Partial “shared” funding from the Dean
 - Internal Departmental purchase (No funding from the Dean)
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Total Cost (Please Provide Quote): \$ _____

SBS Allowance Amount \$ _____

Note: SBS Individual Computer Allowance \$1500

Amount funded by Requester’s Department: \$ _____

Amount funded by Requester: \$ _____

Amount funded by Other Sources: \$ _____

Specify Source: _____

Final amount requested from the Office of the Dean: \$ _____

For Preliminary Departmental Ranking Purposes Only

Departmental Priority: **Low** **Medium** **High** **Critical**

Chair / Director Signature: _____

Date: _____

Chair / Director Notes: _____
