College of Social and Behavioral Sciences
Emergency Capital Equipment Request 2016 – 2017

First Round Deadline for Chair / Director Submission: Emergency Only
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. Requestor 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 minimum technical specifications:
• 13 inch (laptop) or 20 inch (desktop) Display • 250GB (laptop) or 250GB (desktop) Storage
• Intel Core i5 Processor • 4GB of Memory • Carrying Case (laptop)

Note: The SBS individual computer allowance is $1500 US

Part 2b. If Other Technology (Please Specify):
Equipment: ____________________     Cost: $ __________

Notes: ____________________

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Part 3. **If Furniture** (Please Select One – Note Quantity where Applicable):

- [ ] Computer Desk
- [ ] Work Desk
- [ ] Client Chair(s) Qty ___
- [ ] Task Chair
- [ ] File Cabinet(s) Qty ___
- [ ] Book Shelves Qty ___

Part 4. **If Any Other Request Type** (Please Specify):

Equipment: ____________________________ Cost: $ ______

Notes: ___________________________________________________________________

Part 5. **Purpose and Justification for Purchase - Required** (Please be Specific):

_________________________________________________________________________

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_________________________________________________________________________
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 $ – 1500

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: $ __________________________

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For Preliminary Departmental Ranking Purposes Only

Departmental Priority: Low Medium High Critical

Chair / Director Signature: ____________________________

Date: __________________________

Chair / Director Notes: ____________________________________________

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