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

First Round Deadline for Chair/Director Submission: October 3rd 2016

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

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

Part 1. **Requestor Information - Required**

<table>
<thead>
<tr>
<th>Request Date:</th>
<th>Department:</th>
</tr>
</thead>
</table>

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.

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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

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

<table>
<thead>
<tr>
<th>Equipment:</th>
<th>Cost:</th>
<th>$</th>
</tr>
</thead>
</table>

Notes: ________________________________
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)

Total Cost (Please Provide Quote): $____________________

<table>
<thead>
<tr>
<th>SBS Allowance Amount</th>
<th>$ – 1500</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Departmental Priority:</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Critical</th>
</tr>
</thead>
</table>

Chair / Director Signature: ____________________________________________

Date: ____________________

Chair / Director Notes: ________________________________________________

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