College of Social and Behavioral Sciences  
Capital Equipment Request 2014 – 2015  

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: __________________________________________  

Final Rank #  
No Tie Scores  
Use Pencil  
Chair/Director Use Only
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):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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): $ ____________________

**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: $ ____________________

For Preliminary Departmental Ranking Purposes Only

Departmental Priority:  Low  Medium  High  Critical

Chair / Director Signature: ____________________

Date: ____________________

Chair / Director Notes: ____________________

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