

i.) Additional information:

Name:		Date:					
Department:			Phone:				
Select one:							
New	Expansi	on					
Replacement	Upgrade	Ea	Equipment < \$5,000				
rtop.woomon.	- 18-						
Costing Allocations:							
Equipment Description:							
'"""" Equipment Nam	e:						
Describe Function	n:						
1.) Building/Room where e	aguinment will be	located					
		iocateu.	NT.				
a.) Does building have a dock? Yesb.) Is lift gate required? Yes			No No				
c.) Inside delivery req		No * If Yes, please state additional cost: \$					
2.) Please complete the equivalent Manufacturer	nipment informati Model	on below: Equipment Cost	Qty.	Shipping	Installation Cost	Total Cost	
Please complete an Equipm 3.) Site preparation require		ge Form if equi	pment is be	eing replaced.	YES	NO	
a.) Standard electrical		y power					
b.) Building modificat							
c.) Water, sewage/drai	inage, or steam co	onnections					
d.) Compressed gas, a	ir, oxygen, or vac	cuum utility con	nections				
e.) Radiation, laser, ra	dio waves, or rad	ioactive compo	nents perm	its/review			
f.) Special structural s	upport due to wei	ght or size					
g.) Modifications to he	eating, ventilatior	n, or air condition	oning				
h.) IT services							

4.) List external approvals or registrations required for this acquisition:

a.) Operating certificates
b.) Regulatory approvals
c.) Laser, nuclear, or x-ray registrations
Yes
No
No

d.) If other, please explain: