

BUREAU OF CONTRACT ADMINISTRATION EQUIPMENT AND EXPENSE ITEM REQUEST FORM

DIVISION IDENTIFICATION (Completed by requesting division)		
Division:	Division Head:	Signature:
District/Section:	Supervisor:	Signature:

Request is for computer related equipment or accessories: <i>(if yes System Section approval is required.)</i>	Yes ___ No ___
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ITEM DESCRIPTION (Completed by requesting division. When possible, attach copy of catalog page.)	
Item:	Quantity:
Brand:	Cost per items:
Model#:	Total Cost:
Vendor:	Replacement Item? Yes ___ No ___
Catalog #:	Status of original?
Delivery Location:	Special Instructions:

JUSTIFICATION (Completed by requesting division. Please attach appropriate support documents or detailed information)
Explain use/need for the item(s):
How have we managed in the past without the item(s)
Benefit in having the item(s)
Detriment if the item(s) is not funded.
Source of funding: (List all proposed funding sources and basis for use of special purpose funds)

JUSTIFICATION (Completed by requesting division. Please attach appropriate support documents or detailed information)

Revenue: (State the revenue impact of funding or not funding this request)

Does this request require ordinance changes? Yes ___ No ___

If yes, please explain:

WHEN IS THE ITEM NEEDED (Completed by requesting division)

Date Needed: _____	___ Request in proposed budget
	___ Request ASAP (proposed for current funds)

If the request is for current year funds and the money is not available, is this urgent enough to request money from Council? Yes ___ No ___

If yes, explain the urgency:

APPROVAL SIGNATURE AND DATES

(completed by Executive Management and Administrative Services Division Chief)

Assistant Director:	Agree item(s) is needed? Yes ___ No ___	Signature:	Date:
Systems Section Approval: (for computer related equipment or accessories)	Agree item(s) is needed? Yes ___ No ___	Signature:	Date:
Administrative Services Div. Chief: (for current funds only)	Are funds available? Yes ___ No ___	Signature:	Date:
Bureau Director: (for proposed budget and Council requests)	Yes ___ No ___	Signature:	Date:

TRACKING OF PURCHASE (completed by Administrative Services Division)

Expense Item: Yes ___ No ___	Equipment Item: Yes ___ No ___	Date Ordered:	Requisition#:
P.O.# / S.P.P #	Funds Encumbered? Yes ___ No ___	Date Received:	Actual Cost: \$