

CAPITAL BUDGET REQUEST 2017-2018 DETAIL SHEET

Please number in sequential order each request in the field labeled "Request #".

Department Name:		Department #
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Title/Focus of Request:		Request #
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Department Priority:	Dean's Priority:	Division Priority:
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Equipment (explain below) <i>This should include any one item, or group of items that cost over \$2,500.</i>	\$
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Building/Space Improvements (explain below) <i>This should include all renovation costs (remodeling, carpeting, painting, etc.) to existing space and any new space requirements.</i>	
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Budget Supervisor Signature: _____	Date: _____
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Dean Signature: _____	Date: _____
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Vice President Signature: _____	Date: _____
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