



Capital Equipment Purchase Form

This Form Must Be Submitted Along with a Purchase Requisition

Date

Name of Equipment Custodian

First Name

Last Name

Department

Email

(For contact regarding questions)

Phone

Will your equipment require assistance from the following?

Information Resources

Facilities Operations and Services

Facilities Planning, Design and Construction

Select One:

New

Replacement

Upgrade

Equipment Name:

Describe Function:

Does This Building Have a Loading Dock?

Yes No

Is a Lift Gate Required?

Yes No

Inside Delivery Required By FOS Staff?

Yes No Other:

Is Installation Required By FOS Staff?

Yes No Other:

New Equipment Detail

New Equipment Vendor

New Equipment Manufacturer

New Equipment Model

New Equipment Cost

New Equipment Quantity

New Equipment Shipping

New Equipment Installation Cost

New Equipment Total Cost

New Equipment Estimated Life Span or Replacement Year

New Equipment Weight

New Equipment Dimensions

Equipment Being Replaced Detail

Equipment Manufacturer

Equipment Model

Serial Number

SUNY Property Tag Number

Is this Equipment Being Traded in on New Equipment?

Yes If yes, list trade-in value:

No

Site Preparation Requirements

Standard Electrical and/or Emergency Power

Yes No

Building Modifications to Install or Use

Yes No

Water, Sewage/Drainage, or Steam Connections

Yes No

Radiation, Laser, Radio Waves, or Radioactive Components Permits/Review

Yes No

Special Structural Support Due to Weight or Size

Yes No

IT Services

Yes No

Additional Information