

## Equipment Authorization Form

(Greater than \$2,000 per item)

<b>Area &amp; Facility/Program:</b>			
<b>Department/Service:</b>		<b>Requested By:</b>	
<b>Date:</b>		<b>Telephone No.:</b>	
WHAT EQUIPMENT ITEM IS REQUIRED?			
WHAT IS THE TOTAL ESTIMATED COST OF THIS ITEM?			
Item Cost		Quantity	
Additional Costs (freight, installation, service contracts, etc)		Total	-
Taxes			
<b>Total</b>			-
RATIONALE:			
LIST ADDITIONAL REQUIREMENTS TO SUPPORT THIS ITEM INCLUDING SPACE, EQUIPMENT, INSTRUMENTS, SUPPLIES, ETC.			
DESCRIBE ANY ADDITIONAL COSTS (COMPLETE ADDITIONAL COSTS SECTION BELOW).			
IS THIS A NEW ITEM (NO SIMILAR EQUIPMENT IN THE FACILITY)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS ITEM REPLACING EXISTING EQUIPMENT? <input type="checkbox"/> YES IF SO, PROVIDE MAKE, MODEL AND YEAR OF PURCHASE <input type="checkbox"/> NO			
HOW WOULD YOU RECOMMEND THE OLD EQUIPMENT TO BE DISPOSED OF? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Trade In <input type="checkbox"/> Sell <input type="checkbox"/> Scrap <input type="checkbox"/> Other _____			
IS THIS ITEM STANDARDIZED IN THE REGION? <input type="checkbox"/> NO <input type="checkbox"/> YES, PROVIDE THE MAKE AND MODEL.			
IF NO, WHAT COMPANIES WOULD YOU RECOMMEND AS PURCHASE SOURCES? 1) _____ 2) _____ 3) _____			
SOURCE OF FUNDING:			
<b>\$2,000-\$10,000</b>		<input type="checkbox"/> Planned <input type="checkbox"/> Contingency <input type="checkbox"/> Donated <input type="checkbox"/> Other:	<b>GL Code:</b> _____
<b>&gt; \$10,000</b>		<input type="checkbox"/> Planned <input type="checkbox"/> Contingency <input type="checkbox"/> Donated <input type="checkbox"/> Other:	<b>GL Code:</b> completed below
Donation Source:			
Donated GL:			
TITLE	NAME	SIGNATURE	DATE:
DIRECTOR			
SENIOR LEADER			
REGIONAL LEAD-CORPORATE SERVICES & CFO AINSLEY WIEBE (SIGNATURE)			DATE:
RHA AUTHORIZATION NO:		CAPITAL EQUIPMENT GL CODE:	
<b>ADDITIONAL COSTS</b>			
VENDOR MAINTENANCE CONTRACT	<input type="checkbox"/>	\$	
INSTALLATION: ELECTRICAL//PLUMBING/CARPENTRY/PAINTING/OTHER	<input type="checkbox"/>	\$	
INFORMATION TECHNOLOGY: HARDWARE/SOFTWARE/NETWORKING	<input type="checkbox"/>	\$	
OTHER:	<input type="checkbox"/>	\$	

ONCE FORM IS COMPLETED AND AUTHORIZED BY DIRECTOR AND SENIOR LEADER,  
PLEASE EMAIL **FORM AND QUOTE** TO [AINSLEY WIEBE](#) AND [CARRIE LYNNE TETRAULT](#) FOR FINAL APPROVAL.