

RIT Capital Equipment Fabrication Request

Complete the following information for each request and forward to the Property Control Office (GEM, Rm 6025) for approval.

Description of Capital Equipment	Department #/ Project #*	Cost Estimate**	Estimated Completion Date	Location— Bldg & Room	Tag #

*If the project number is a grant or contract, SPA will review for grant/contract compliance prior to establishing a line item in the budget.

** In order for the equipment to be capitalized, the total cost of the component parts must be \geq \$ 1,500. Do not include salaries or wages of RIT employees. Costs of services, including delivery and installation may be included, if applicable. Departments must maintain documentation for all component parts.

Name of Responsible Individual

Date of Request

Signature of Responsible Individual

Date

Property Control Approval / SPA Approval

Date