

Capital Expenditure Request Form

		Explanation
Date Requested:		
Cost Center:		
Cost Center Number:		
Requestor:		
Date Needed:		
Category:		
Total Amount Requested:		
Priority (1/2/3)		
Budgeted? (Y/N)		
Replacement (Y/N)		

Line Items

Item/Project Phase	Description	Item Quantity	Cost	Total

Additional Annual Operating Cost Impact

	Increase Amount	Decrease Amount
Maintenance		
Energy		
Salary		
Other		

Justification if Unbudgeted (Include documentation if needed)	
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Signatures

VP of Requestor _____

CFO (If over \$5,000) _____

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