JUSTIFICATION FOR NEW / REPLACEMENT EQUIPMENT REQUEST

**Committee (Check One)**  Information Technology  Capital Equipment

Type of Equipment (Check One)  Instructional  Non-Instructional

EQUIPMENT REQUESTED

Please include/attach a narrative summary explaining use, purpose and need of this equipment item..

Estimated Current Cost / Per Item:       Quantity       Total This Request

Equipment Life Span (In Years):

Life expectancy:       Technological life:       Meet Educational Needs:

**A. Is this Replacement Equipment? (Check One)** **YES**  **NO**

**If ‘YES’ & multiple items complete Page 3 & proceed to B** **If no, continue to Part B**

**If ‘YES’ & single item, complete the following**

IHCC Tag # to be Replaced:       Date of Original Purchase:

What is the condition of the equipment this will replace? Safety Issue? YES  NO

Excellent  Good  Fair  Poor

Disposal Method Proposed for Item Being Replaced:

**B. Usage:**

1) Current Fall Enrollment by Applicable Program(s):

Program:       # of Students:

Program:       # of Students:

Program:       # of Students:

1. Term Used:  Fall  Winter  Spring  Summer Average # of Students/Term

(Check all that apply)

1. Frequency of Use:  Daily  Weekly  Monthly
2. Term (ie 10/SP) for Requested Equipment to be in Service:
3. Is other equipment dependent upon this request? (Check One) Yes  No

**If yes,** please describe the equipment and how they are integrated.

List programs , including the G.L.# and percentage of usage that will share this equipment

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| --- | --- | --- |
| Name of Program | GL# to be Charged | % Usage |
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**C. Installation /Maintenance/Warranty**

What special installation requirements are necessary for this request?

Please include installation costs.

1. Special utility hook-ups (i.e. gas, water, heat, cooling, electricity, telephone)

1. Remodeling needs (i.e. additional storage, room addition, etc.)

3) Estimated annual maintenance cost $

4) Who will provide the maintenance for this equipment?

1. Where are they located?

**INCOMPLETE FORMS MAY NOT BE ACCEPTED FOR REVIEW BY THE COMMITTEE**

ORIGINATOR’S PRIORITY CODE :

Choose From: 1 - Required Need 2 - Moderate Need 3 - Nonessential Need

CHECK ONE: 1  2  3

SIGNATURE OF ORIGINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEAN’S PRIORITY CODE :

Choose From: 1 - Required Need 2 - Moderate Need 3 - Nonessential Need

CHECK ONE: 1  2  3

SIGNATURE OF DEAN (APPROVAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INDIAN HILLS COMMUNITY COLLEGE**  **SEE QUESTION A ON PAGE #1** | **CONDITION OF EQUIPMENT BEING REPLACED**  **CHECK ALL THAT APPLY FROM:**  **1 – Excellent**  **2 – Good**  **3 – Fair**  **4 – Poor**  **5 – Safety Issue** | **PROPOSED DISPOSAL METHOD** |

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| **NEW ITEM DESCRIPTION** | **ESTIMATED COST** | **DESCRIPTION OF ITEM BEING REPLACED** | **TAG # OF ITEM BEING REPLACED** | **DATE PURCHASED** | **1** | **2** | **3** | **4** | **5** |  |
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