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

|  |  |  |
| --- | --- | --- |
| 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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