



# EQUIPMENT REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Equipment Requested (i.e., Desktop PC, Monitor, Webcam, etc.):


Please provide a GL number if the equipment being requested is being paid for by the requesting department.

Hard Dollars  GL# \_\_\_\_\_

Grant Dollars  GL# \_\_\_\_\_

\_\_\_\_\_  
Date Employee Name Employee Signature

\_\_\_\_\_  
Date Department Manager Name Department Manager Signature