# GENERAL EQUIPMENT REQUEST FORM

**Name of Applicant:**

**Phone:**

**Department:**

**Sort Code:**

**College Area:**

- Academic Affairs
- Instruction
- Non-Instruction
- Student Affairs
- Office of Technology Services
- Finance & Facilities
- Other

**Title of Request:**

**Amount Requested:**

**Where will this equipment be used?**

- Campus:
- Building:
- Room:

**Type of Request:**

- New
- Upgrade or Enhancement
- Replacement

**Is the request...**

- Computer Related?
- Software?
- Replacement?
- Other?

<table>
<thead>
<tr>
<th>Line</th>
<th>Qty</th>
<th>Sku/Model#</th>
<th>Description</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
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</tbody>
</table>

- Subtotal:
- Freight (Shipping & Handling):
- Total Equipment:

**Other (e.g., Personnel, Consultation fees, Installation Costs, Research and Development, etc.)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- Total Other:
- Total Request:
1. Please describe your equipment or program request. Please answer the following questions as part of your description:
   a. Note how/where this equipment will be utilized.
   b. If the equipment will be lent to the students, please indicate how this equipment will be tracked.
   c. Indicate the immediacy of need.
   d. Note how your request provides (1) innovation, (2) "state of the art" technology (if applicable), and (3) improvement of program or activities.

2. Explain how this request will benefit the college, the students and/or the community.

3. Please explain student impact and provide supporting data were applicable:
   a. Number of students impacted over the course of one year.
   b. Courses impacted.
   c. Provide student data over the past year, listing specific courses and enrollment.

4. Please identify associated costs, procurement of additional space, staffing or other resources not currently in place using the categories below. If a category does not apply to you, please type in N/A.
   a. Subscriptions:
   b. Maintenance agreement:
   c. Licensing:

Submit request online to Budget.Requests@csn.edu. Approved hard copy request with quote must follow; mail or deliver completed packet to Budget Services at Mail Sort J1B.

Form Rev. 08/12
d. Upgrades:

e. Ongoing or additional costs:

f. Additional staffing:

g. Additional space:

h. Other:

5. Please describe the timeline of implementation of your equipment or program request.

6. Is this request dependant on prior year or currently submitted requests? Please Explain.

For Your Information:

As you complete your request, remain mindful that the equipment purchased through this process is intended to improve the quality of instruction at CSN.

Please follow the link below and refer to the College of Southern Nevada Strategic Plan, 2010-17.

http://www.csn.edu/pages/2457.asp

Submit request online to Budget.Requests@csn.edu. Approved hard copy request with quote must follow; mail or deliver completed packet to Budget Services at Mail Sort J1B.
SIGNATURE OF APPLICANT: ________________________________

DEPARTMENT/DIVISION APPROVAL

Department Priority ________ of ________

Dept. Chair/Director: 

School Priority ________ of ________

Dean/Associate Vice President/Vice President: 

FOR FINANCE & FACILITIES USE ONLY

<table>
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<tr>
<th>Review Process</th>
<th>Eligibility</th>
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<tbody>
<tr>
<td>OTS</td>
<td>Grant Sources</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>Technology Fee</td>
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<tr>
<td>Approved Program?</td>
<td>Lab Fee</td>
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<tr>
<td>Request forwarded to:</td>
<td>Summer Equipment</td>
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