EQUIPMENT PURCHASE FORM

Please upload this completed form into the applicable PO in STARS

Name: _____ Date: _____

Department: _____ Phone: _____

Select one:

☐ New ☐ Expansion ☐ Minor Equipment < $5,000

☐ Replacement ☐ Upgrade

FOAPAL:

Equipment Description:

Equipment Name:	
Describe Function:	

1.) Building/Room where equipment will be located:

a.) Does building have a dock? Yes ☐ No ☐

b.) Is lift gate required? Yes ☐ No ☐

c.) Inside delivery required? Yes ☐ No ☐ Additional cost:

2.) Please complete the equipment information below:

Manufacturer	Model	Equipment Cost	Qty.	Shipping	Installation Cost	Total Cost

Please complete an Equipment Status Change Form if equipment is being replaced.

3.) Site preparation requirements:

	YES	NO
a.) Standard electrical and/or emergency power	☐	☐
b.) Building modifications to install or use	☐	☐
c.) Water, sewage/drainage, or steam connections	☐	☐
d.) Compressed gas, air, oxygen, or vacuum utility connections	☐	☐
e.) Radiation, laser, radio waves, or radioactive components permits/review	☐	☐
f.) Special structural support due to weight or size	☐	☐
g.) Modifications to heating, ventilation, or air conditioning	☐	☐
h.) IT services	☐	☐

i.) Additional information:

4.) List external approvals or registrations required for this acquisition:

a.) Operating certificates Yes ☐ No ☐

b.) Regulatory approvals Yes ☐ No ☐

c.) Laser, nuclear, or x-ray registrations Yes ☐ No ☐

d.) If other, please explain: