Orange County Community College
Budget Request
2012-2013 Fiscal Year

_____
Department Name

_____
Department Number

CAPITAL EQUIPMENT REQUEST
2012-2013

ACCOUNT NUMBER	DESCRIPTION OF EQUIPMENT	√	TOTAL COST	JUSTIFICATION	Priority **

√ = Check this column if this is replacing old equipment

**** P = PBIE ranked and approved**
H = High
M= Medium
L = Low