

**SUB-BOARD 1, INC.**  
**CAPITAL EXPENDITURE REQUISITION**

No. \_\_\_\_\_

This form must be completed prior to the acquisition of any fixed asset or depreciable property. No transaction will be processed unless accompanied by this form.

ORGANIZATION \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_

REQUISITION DATE \_\_\_\_\_  
 PREPARED BY \_\_\_\_\_

## 1. FORM OF ACQUISITION (Check One)

☐ PURCHASEPurchased from \_\_\_\_\_  
 Vendor Name & Address \_\_\_\_\_☐ CAPITAL LEASE

Lessor \_\_\_\_\_ Length of Lease: From \_\_\_\_\_ to \_\_\_\_\_  
 Interest Rate \_\_\_\_\_ % Payments: Monthly \_\_\_\_\_ Annually \_\_\_\_\_ Other \_\_\_\_\_ Date \_\_\_\_\_  
 Date Payments Begin \_\_\_\_\_ Periodic Payment Amount \$ \_\_\_\_\_

☐ DONATION

Donated by \_\_\_\_\_  
 Donor Name & Address \_\_\_\_\_

☐ OTHER (Describe in Full) \_\_\_\_\_2. DATE OF ACQUISITION \_\_\_\_\_  
 Month Day Year

3. ANTICIPATED LOCATION OF FIXED ASSET \_\_\_\_\_

## 4. ESTIMATED USEFUL LIFE (Check One)

☐ 3 Years☐ 5 Years☐ 7 Years☐ 10 Years☐ Other \_\_\_\_\_

5. Does this acquisition involve a trade-in or retirement of currently held property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe **in full** the property being traded in or retired, including: Manufacturer, Serial No., Model No., Condition & disposition of property, etc.

Trade-In Allowance: \$ \_\_\_\_\_

## 6. DESCRIPTION OF PROPERTY BEING ACQUIRED

Describe in full the nature and use of the property being acquired.  
 Attach copy of invoice or contract, or other supporting documentation.

Complete the following, if applicable:

Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_  
 Serial No. \_\_\_\_\_ Color \_\_\_\_\_

## 7. COST OF PROPERTY ACQUIRED (Do not include interest) \$ \_\_\_\_\_

If donated, state value \$ \_\_\_\_\_

Freight Charges \$ \_\_\_\_\_ Installation Charges \$ \_\_\_\_\_

## 8. COMMENTS: Please provide any additional information related to this acquisition

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 OFFICE USE ONLY:

Fund	Department	Cost	Annual Depreciation	Asset No.	REP/Voucher

Asset Account \_\_\_\_\_ Expense Account \_\_\_\_\_

Schedule: