

# Capital Asset Request Document

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

Requested By: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

## 1. Asset Information

Asset Name/Description: \_\_\_\_\_

Asset Category: \_\_\_\_\_

Purpose/Justification:

Estimated Useful Life: \_\_\_\_\_

Location for Installation: \_\_\_\_\_

## 2. Financial Information

Item/Detail	Estimated Cost	Supplier/Vendor

Total Estimated Cost: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

## 3. Approvals

Department Head: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management/Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Notes:

- This document must be completed and approved before any capital asset is acquired.
- Attach supporting quotations, technical specifications, and justification documents.
- Ensure the asset meets capital expenditure criteria and organizational policies.
- Incomplete forms may result in delays in processing the request.
- Review estimated costs and funding sources carefully before submission.