

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.