

## Annual Budget Process AIRS Capital Budget Request Form

FY Division Sub-division/school Unit/department Index(es) to be funded			
# items requested	Cost per item	Total	
Contact/requester			
Description			
Need	Equipment Safety Risk Level		
Location			
If Lab			
Equipment Age	Annual OE	Room	

f yes, confirm	you consulted with Facilities and describe the need below.
Does request r	require any additional or special technology?
f yes, confirm	you consulted with IT and describe the need below.
Rationale	
and objective(	ection(s) with the 2030 Strategic Plan, specifying which goal(s) it supports and/or connection with NECHE Standard, plicable standards (e.g. NECHE 5.3).