

Shodair Children's Hospital  
**NON-BUDGETED CAPITAL REQUEST FORM**

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Fiscal Year: \_\_\_\_\_ Department: \_\_\_\_\_

Equipment Description \_\_\_\_\_

Reason for the Equipment Requested

- \_\_\_\_ New Technology to meet or improve the standard of care/services
- \_\_\_\_ Current equipment is obsolete and replacement parts are unavailable
- \_\_\_\_ Current equipment requires frequent and expensive repairs
- \_\_\_\_ Other: \_\_\_\_\_

Why was this item not requested during the capital budgeting process:  
 \_\_\_\_\_  
 \_\_\_\_\_

What is this equipment's function and how it will benefit your department (i.e. safety, patient care, financial)  
 \_\_\_\_\_  
 \_\_\_\_\_

How does this capital purchase further the goals of the organization's strategic plan?  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Costs:

<b>Capital Costs</b>	<b>GPO Pricing – Quote 1</b>	<b>Quote 2</b>	<b>Quote 3</b>
Equipment Cost			
Installation			
Shipping			
Training			
Other			
<b>Total Capital Cost</b>			
Maintenance Contract?			

Any special maintenance needs identified?  
 \_\_\_\_\_

Any special information system needs and costs identified?  
 \_\_\_\_\_

**Sign offs:**

Requesting Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Maintenance Review \_\_\_\_\_ Date \_\_\_\_\_  
 IS Review \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_