

Shodair Children's Hospital
CAPITAL BUDGET SUBMITTAL FORM

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- ____ Current equipment is obsolete and replacement parts are unavailable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: _____

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:

Capital Costs	GPO Pricing – Quote 1	Quote 2	Quote 3
Equipment Cost			
Installation			
Shipping			
Training			
Other			
Total Capital Cost			
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 _____