



UNPLANNED EQUIPMENT PURCHASING REQUEST

Complete this form when requesting equipment costing over \$500 and has not been budgeted for.

Service Provider Name:

Date:

Name of Person Completing Form:

Describe new equipment requested (be as specific as possible):

Describe why equipment is needed (replacing existing, improve quality of service, etc.):

At what site(s) will the equipment be used:

Estimated Purchase Price:

\$

Will purchase of new equipment require an increase in total contract dollars, and if so, how much:

\$

Email completed form to Field Services Manager for review and approval.

FOR DSPN USE ONLY

Approved

Date _____

Not Approved

Signature _____

Return to Service Provider When Completed