

**TUSCULUM UNIVERSITY**  
**CAPITAL BUDGET REQUEST AND JUSTIFICATION**  
**FISCAL YEAR JULY 1, \_\_\_\_\_ THROUGH JUNE 30, \_\_\_\_\_**

**NOTE:** To be submitted to the Business Office for consideration by the President's Cabinet relative to using pooled capital funds throughout the year.

CAPITAL BUDGET REQUEST

Date of Request: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

Department: \_\_\_\_\_

JUSTIFICATION FOR PURCHASE

Description of Capital Asset: \_\_\_\_\_

Specific Location in which Asset will be housed and utilized (include Building and Room Location): \_\_\_\_\_

Purpose and Intended Utilization of Asset: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor's Printed Name                      Requestor's Signature                      Date

\_\_\_\_\_  
DEPT/DIV CHAIR Signature                      DEAN/VP Signature                      Date

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**FOR CABINET USE ONLY:**

\_\_\_\_\_  
Signature CFO                      Signature – President (If over \$5,000)                      Date

Amount Approved: \_\_\_\_\_