BUCKNELL UNIVERSITY

Capital Budget Request Summary
Fiscal Year _____

Department or Program _____ Fund/Org. No. _____

(P)	Capital Item (Brief title or description)	(R) (N)	Equipment Budget Request $	Facilities Budget Requested $
	TOTALS			

(R) Renewal **(N) New**
(P) Priority

Please Remember

1. **Requests for computing equipment and software applications are submitted through a separate process and should not be included on this request.**

2. **For each item requested, please attach all additional supporting information to this form.**

Submitted by _____ Approved by _____