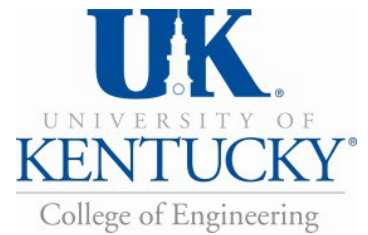


Request for Funding Educational Laboratory Equipment

Please use one form per Lab Space.

(departments must provide cost share equal to funds received)



**Department Priority #*



Name:

Date:

Department:

Requested Items:

Estimated Cost

Quote Attached:

- Yes
 No



Description: Explain how the items will be utilized. Will any other department use the equipment? How will it supplement teaching labs or leverage other projects? Other justification/information.

Classes Supported (list name and number of course(s)

Proposed Location:

List other specific requirements or accommodations: (electrical, maintenance/ calibration, safety training, other)

Please list the account numbers that will be used for the 1:1 match.