

Work Order No \_\_\_\_\_



CITY of CALABASAS



## New Equipment Purchase Request

This form is to request any new equipment (excluding cell phones). Please fill out the form completely, incomplete information will not be accepted. Return this form to the Media Operations Department at least 5 working days in advance. Fax number (818) 225-7363.

**NEW EQUIPMENT:**

- Computer
  - Laptop  Desktop
- Computer Accessories
  - Monitor  Keyboard  Mouse  Speakers
  - External Disk Drive  CD Burner  Software
- Printer
- Fax Machine
- Digital Camera
  - Case  Batteries  Storage Media
- Other \_\_\_\_\_

Name: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Dept: \_\_\_\_\_ Dept. Head Signature \_\_\_\_\_

Description of equipment being requested (model number, features, etc.)

Why is it Needed? \_\_\_\_\_

Has this equipment been budgeted for?  Yes  No

What is your Budget? \_\_\_\_\_

**\*\*\*ACCOUNT NUMBER TO BE CHARGED FOR ITEM** \_\_\_\_\_

(Account number **MUST** be filled in)

Assigned to: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Time Required: \_\_\_\_\_

Initials: \_\_\_\_\_