Fiscal Year 2007/2008

Villanova University
Capital Budget Detail Form

NOTE: Use this form to request all equipment.

Priority Order	Description	4 - Digit Banner Account Number	New or Replace-ment	Unit Cost	Quantity	Estimated Total Cost

DEPARTMENT NAME_____ 6-Digit INDEX NO. _____

PREPARED BY:
DEPARTMENT HEAD_____DATE_____

APPROVED BY:
DEAN / DIRECTOR_____DATE_____

APPROVED BY:
VICE PRESIDENT_____DATE_____