



**REHABILITATION DIVISION
BUSINESS ENTERPRISE PROGRAM**

REQUEST TO PURCHASE EQUIPMENT

BEN SITE NUMBER: _____ **Date of Request:** _____

EQUIPMENT NAME: _____

Reason for request:

Emergency Request Planned Request

Type of equipment:

New Equipment Replacement Equipment

Operator Signature: _____ ***Date:*** _____

BEO has checked the warehouse inventory, found no items in storage that meet this need.

BEO has determined that repair of current equipment is not feasible

 Manufacture's Equipment Useful Life (in years): _____

 Estimated Current Equipment Life (in years): _____

Estimated Cost to Repair: \$ _____

Previous Repairs Made? Yes No

NEW EQUIPMENT ESTIMATED COST: \$ _____

NAME OF SELECTED VENDOR: _____

Reason Vendor was Chosen:

Using the box below note: (A) Reasons for purchase (B) Alternatives considered (C) Projected sales increase (D) Risk of not Purchasing (E) Projected Equipment frequency of usage (often/daily)

Business Enterprise Approval: **Approved** **Denied**

BEO Signature: _____ ***Date:*** _____

(If Total Greater than \$200) Chief Enterprise Approval: **Approved** **Denied**

CEO Signature: _____ ***Date:*** _____