Request for Establishment of a Repair and Replacement Reserve Account

Department:		 	
Contact:			
Telephone:		E-mail:	
Reason for reque	st:		
Property to be fur	nded by the Reser	ve:	
Quantity	Description	Cost	Replacement Date
Source of annual	contribution:		
Amount of annua	al contribution:		
Requested by:		Date: _	
Dean/Departmen	t Head:	Date: _	
Vice President: _		Date: _	
Budget Director:		Date: _	
University Contro	oller:	Date: _	
Vice President	get:	Date:	

After obtaining signatures of requestor, dean or department head and vice president, forward this request to: Director, Budget & Resource Analysis, Box 842518.