



Fixed Assets - Project Accounting

Capital Shopping Carts \$10,000 or greater **Applies to School of Medicine Only**

Please complete the below form for all requests \$10,000 or greater and submit to somcapital@jhmi.edu

Department:	Requestor:
Shopping Cart Number:	Shopping Cart Value:
Internal Order Number:	Responsible Cost Center:
Fund Number:	Vendor:
New or Replacement? <input type="checkbox"/> New <input type="checkbox"/> Replacement Purchase or Lease? <input type="checkbox"/> Purchase <input type="checkbox"/> Lease	Location (Building & Floor):
Did you work with the Purchasing Department to negotiate the price** of this equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>**Obtaining quotes from multiple vendors ensures compliance with competition policy</i>	
Item Description & Purpose:	Was this item budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not and it's non-sponsored, please give an explanation as to how this will affect the Department staying within their Capital Budget.</i>

In order to facilitate your request, please answer any of the below questions which may apply to your purchase:

Sponsored: If purchasing via sponsored funds, please provide the project end date and remaining IO balance. If making the purchase within 30 days of end date, will an extension be granted? If not, please provide an explanation.	
Service Center: If purchase is over \$100k, could this item be leased instead? If not, please provide reasoning and any applicable backup. If the purchase can be leased, are you able to build this into your rate structure for the next fiscal year?	
Gift Fund: If purchasing using a gift fund, do you already have the funds? Were they designated specifically for this purchase? Are you purchasing from a restricted account? Please provide any applicable backup.	
Disposals, Transfers and Trade-Ins: If you are disposing transferring or trading in equipment to make this purchase, please provide the JHU Inventory Tag # and the signed C824 form.	
Clinical: If purchasing for a clinical setting, are there any revenue implications? If so, please explain.	

Administrator Approval: **If unable to obtain the administrator's signature, an approval email may be attached instead.*

Name: _____ **Signature:** _____

Please allow at least 1 week for review. If this is an urgent request, please notify somcapital@jhmi.edu as soon as possible.