



REQUESTOR INFORMATION

Requestor Name: Request Date:
Requestor Phone: Requestor Email:
Requesting Department:

BUDGET INFORMATION

Capital budget approved: Y N Medical Finance Approver:
Funding Source: UMMG UMHC UHT BPEI Academy Other

FINANCING INFORMATION

*Financing is for: New Equipment Replacement
If replacement, is existing equipment leased or owned?
*Business Justification / Requirements:
*Equipment Description:
*Amount to be financed: \$ Lease Term: # of mths Pymt Frequency: mths /qtrly / yrly
End of Term Plan: Return equipment Purchase at FMV Purchase for \$1
Please provide reason for option selected:
Vendor: Vendor Contact:
Equipment Location: UHT BPEI SCCC/UMHC Lennar
Medical Satelites Gables Other, please specify
Est. Delivery Date: Sourcing/Purchasing Contact:

For assistance completing this form and to submit completed form, please email leasing@miami.edu.
An online copy of this form can be found at: <http://treasurer.miami.edu>.
This form is for financing purposes only to be used by Treasury to provide financing options to the requesting department at the university. If additional information is needed, Treasury will contact requesting department contact.