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**EQUIPMENT/ASSET ACQUISITION APPROVAL FORM
(ALSO TO BE USED FOR INTERNALLY DEVELOPED CAPITAL ASSETS)**

Program Request for Approval:

Program (Project) Name: _____

Item(s) to be purchased: _____

Name of Vendor where purchased: _____

Estimated Cost of Item(s) _____

Requested by: _____

Stop here and submit to Director of Finance

For Fiscal use only

Funds remaining in line item before purchase: _____

Cost (if internally generated, itemize costs): < _____ >

Reserve Funds pending approval < _____ >

Available Funds Balance _____

Required Balance (2 Yr minimum) _____ X 24 = _____ YES NO

Funding Source: _____

Line Item: _____

MHA Program Cost	YES	NO
HUD Reserve for Replacement Funds:	YES	NO
Computer Reserve Funds:	YES	NO
MHA Property Reserve Funds:	YES	NO
Capital Budget Purchase*:	YES	NO

***Note that state department retains ownership of item. Therefore, the state should not fund capital budget improvements to MHA or HUD owned property.**

Director of Finance Approval _____

Executive Director Approval _____

**Note: Items costing > \$25,000 require a formal RFP process
Items costing < \$25,000 and > \$5,000 require 3 quotes (verbal or written)**

As a matter of policy, Televisions, Microwaves, and Air Conditioners (unless built-in) are MHA program costs and not HUD Company costs.