TULARE LOCAL HEALTH CARE DISTRICT CAPITAL EXPENDITURE REQUEST (CER) \$2,500+

			Office Use Only: CER # Office Use Only: GL #			
SECTION A: Date Prepared: Location:				Requestor: _		
Description of Capital:						
Project Budgeted:	YES	NO	Multiple Bids Obtained:		YES	NO
Replacement Equipment:	YES	NO	Disposal:		YES	NO
SECTION B:		ENDITURE REQUE				
Equipment Cost: Installation: Freight: Taxes: Trade-In: Software: Other: Total Equipment:	\$	-	Construction: Fees: Licenses/Permits: Taxes: Architect & Engineering: -Electrical -Mechanical Other: Total Construction: Total CER:	\$		- - -
SECTION C:	CER JUSTIF	ICATION				
			equipment/project if it was not birectors for the fiscal year.			
SECTION D:						
REQUESTOR	Signature			Date		
CEO	Signature			Date		
	Signature			Dale		