



# Capital Expenditure Request and Justification Form

## The Southern Baptist Theological Seminary

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DEPARTMENT \_\_\_\_\_

**CAPITAL EXPENDITURE REQUESTED:**

**I. PRIORITY**                      *Normal*                      *Emergency*

**II. TYPE OF EXPENDITURE**

*Equipment*                      *Land or Land Improvement*                      *Building or Building Improvement*

**III. DESCRIPTION: (Maximum of 250 Characters)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. BUDGET/COSTS/ESTIMATES**

Item #	Description	Cost
1		
2		
3		
4		
5		
	Total	

**The submission of this form is not an approval to purchase.**

**Requested by:** \_\_\_\_\_  
*(Name and Title)*

**Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
*(Department Head, Dean, or VP Signature)*

**Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
*(VP of Operations)*

**Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
*(SVP of Institutional Administration)*

**Date:** \_\_\_\_\_

**For Internal Use Only**

**Date**

**Project Number:** \_\_\_\_\_

\_\_\_\_\_

**Capital Account Number:** \_\_\_\_\_

\_\_\_\_\_

**Email Notification Sent To:** \_\_\_\_\_

\_\_\_\_\_

**Funding Source:**      \_\_\_\_\_ **Capital**                      \_\_\_\_\_ **Operating**  
                                  \_\_\_\_\_ **Master Plan Loan**                      \_\_\_\_\_ **Grinstead**  
                                  \_\_\_\_\_ **Restricted Fund**

**Financial Board Approval Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_