Capital Expenditure Authorization (CEA) Form

Form Owner: Form Used By: Process Responsibility: Final Accountability:		Finance Managers Managers, Purchasi Finance	ng
Date	of Request:	Department:	CEA No.:
Туре	of Expenditure:		Budget Status
	Building & Improvement		Fiscal Year:
	Machinery & Equipment		Budgeted Item No.:
	Tooling		Substitution Item No.:
	Laboratory Equipment		No. of Asset Tags Needed:
	Furniture & Office Equipment		If not budgeted, explain:
	Auto & Trucks		
	Other:		

Description of item(s) to be purchased:

Purpose:

Total cost(s):

Cost justification:

Estimated life (in years):

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Cost Savings (if applicable)

- 1. Each Unit cost (Material, Labor and Burden)
- 2. Number of units used per month
- 3. Cost of one month's usage (Line 1 x Line 2)
- 4. Total monthly projected savings (Present Proposed)
- 5. Total cost to Implement Proposed Improvement (Includes tooling, prep, all initial costs)
- 6. Number of months to recover cost (Line 5 ÷ Line 4)
- 7. Estimated useful life of asset (in months)
- 8. Number of months savings will be realized (after costs recovered Line 7 Line 6)
- 9. Total potential savings (Line 8 x Line 4)

Present		Proposed	
\$		\$	
\$	0	\$	0
	N/A	\$	1
	N/A	\$	
	N/A		0
	N/A		
	N/A		0
	N/A	\$	0

Additional Approvals (if applicable)

Signature:

Approvals

Requisitioner:

Dept. Manager:

Signature:

General Manager:

I Signature: Signature:

Treasurer:

Vice President:

Signature:

Corporate:

Signature:

Additional Information

Related Documents

- <u>Capital Expenditure Justification Form</u>
- <u>Accounts Payable</u>