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Capital Request

Return this form along with attached quotes to the Capital Asset Manager's mailbox & attend the next Finance Council meeting

Group Name: Account Number: Date Submitted:		Treasurer: Treasurer Email: Treasurer Phone:	
Description of Request:			
Use/Need of Request:			
You must have a min Quote 1 Cost:	nimum of 3 quotes & they	must be attached to this	sheet
Quote 2 Cost:	\$ -		
Quote 3 Cost:	\$ -		
Average Cost:	\$ -		
Approval Signature & Date:			
Club Adviser Signature Required:			