



Capital Equipment Change Request Form

The Peace Arch Hospital Foundation is proud to support the purchase of capital equipment that helps our medical team deliver quality patient care at Peace Arch Hospital. The capital equipment list has been approved by our Board for this year. If you would like to request a change to any of the equipment on this list, please complete this form and return to the Foundation office.

Any variances over \$5000 will need to go to our Board for review and approval.

PART 1 – NAME & DEPARTMENT

Name:

Title:

Department:

Program:

Date:

Part 2 – EQUIPMENT INFORMATION

Please list the equipment below that you no longer require and the reason why. Please also include the total unit cost (including install, taxes etc) for each piece of equipment listed:

Please list any new equipment that you now require and the reason for this new request. Please also include the quantity required and the total unit cost (including install, taxes etc) for each piece of equipment listed:

PART 3 - SIGNATURES

Signature of Requestor:

Name

Date

Signature of Clinical Director

Name

Date

Signature of Executive Director

Name

Date