

Discretionary Operating Expenditures (\$100,000 to \$249,999) Justification Form

Department Name (Cost Center):

Date:

Requested By:

Requestor Position Title:

Purchase Details:

Item/Equipment to be Purchased:

Vendor/Supplier (if known):

Estimated Cost: \$

Funding Source(s) (if applicable):

Proposed Timeline for Purchase:

Funding and Budget Considerations:

Provide a detailed explanation of why this must be purchased within the next 90 days: