



## The Fixed Asset and Project Accounting Shared Service Center



*Subject*

Notification of Capital Shopping Carts > \$10,000  
\*Applies to School of Medicine only\*

Please complete the form below for all requests above \$10,000 and submit to [somcapital@jhmi.edu](mailto:somcapital@jhmi.edu)

### Shopping Cart Information

<u>Shopping Cart Number:</u>	<u>Goods Requestor:</u>
<u>Shopping Cart Name:</u>	<u>Responsible Cost Center:</u>
<u>Shopping Cart Value:</u>	<u>Internal Order Number:</u>
<u>Item Description (1):</u>	<u>Fund Number:</u>
<p><u>Are you disposing, transferring or trading in equipment to make this purchase?</u> (please check)      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If you answered 'Yes', please provide JHU Inventory Tag # below. A signed C824 form is <b>required</b> for all disposals, transfers and trade-ins.</p> <p>_____</p>	<p><u>Is there a lease agreement for this equipment?</u> (please check)      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><u>Was this item budgeted?</u> (please check)      <input type="checkbox"/> Yes      <input type="checkbox"/> No If you answered 'No', please explain below.</p> <p>_____</p>	<p>If the item is &gt; \$50,000, is it budgeted in the Capital Narrative? (please check)      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

If you answered 'No' to the above question and it's Non-Sponsored, please give an explanation as to how this will affect the Department staying within their Target.

\_\_\_\_\_

\_\_\_\_\_

### Notification of Approval / Denial

The School of Medicine – Office of Financial Affairs

Approves This Purchase       Denies This Purchase

Name of Approving Official: \_\_\_\_\_

Inventory Specialist: \_\_\_\_\_

Email address & Phone Number: \_\_\_\_\_

\_\_\_\_\_