

Agency Master Lease Authorization Form (On agency's letter head)

DATE: _____

TO: Philip Olsen, State Accounting Administrator

FROM: _____
_____ (Title)

RE: Master Lease Financing Request

1. Agency / Division: _____

2. Agency / Division Contact Information (Individual responsible for coordinating master lease details with State Accounting):

- Name: _____
- Phone: _____
- Email: _____

3. Equipment to be financed

- Equipment Type: _____
- (Expected) Purchase Price: _____
- Anticipated Life Span: _____
- Master Lease Term: _____
- (Expected) Order Date: _____
- (Expected) Install Date: _____
- Does the equipment purchase replace existing equipment?
Yes ____ No ____

If yes, please identify the equipment it replaces.

If no, please describe the purpose of the new equipment.

(For example: new program, new process for existing program, etc).

4. Total approximate dollar amount to be financed: _____

5. Purpose (what does purchasing these items accomplish):

6. Did the Legislature appropriate enough funds for the purchase of this equipment?

Yes ____ No ____

If yes, was the appropriation for master lease payments or a onetime purchase of this equipment?

If no, how do you intend to finance the monthly lease payment?

7. Business Unit to be charged: _____

I have read the information provided above regarding my agency's Master Lease request and it is correct. I hereby approve the request to proceed with Master Lease Financing.

Agency Director or Division Administrator Authorization

Date