

NORTHUMBRIA UNIVERSITY

Capital Expenditure Authorisation Form

| | |
|----------------------------|-----------------|
| <u>School/Department :</u> | <u>CEAF No.</u> |
|----------------------------|-----------------|

Section/Area/Location :

| | |
|-----------------------|------------------|
| <u>Contact Name :</u> | <u>Tel Ext :</u> |
|-----------------------|------------------|

Description of Capital Spend :

| | |
|-----------------|-------------------------|
| <u>Amount :</u> | <u>Financial Year :</u> |
|-----------------|-------------------------|

Rationale/Justification :

Budget Position :

Funding :

| | |
|--------|---|
| UNN | £ |
| HEFCE | |
| OTHERS | |

please give details

Completed by : _____ Date : _____

Position :

AUTHORISATION

| | |
|---|--|
| <u>Dean of School/Director of Department</u> | <u>Deputy Vice Chancellor (Resources)</u> |
| _____ | _____ |
| <u>Signature :</u> | <u>Signature :</u> |
| <u>Print Name :</u> | <u>Print Name :</u> |
| <u>Date :</u> | <u>Date :</u> |

FINANCE USE ONLY

Internal Order
.....

Cost Centre
.....