DEPARTMENT

Date

Total $0.00

To be mailed to address above

me (PLEASE PRINT):

Authorized Signing Authority Signature:

Authorized Signing Authority Na

THE UNIVERSITY OF WINNIPEG

CAPITAL EXPENDITURE

PURCHASES AND RESEARCH PROJECTS EXCEEDING

FOR ALL FURNISH NON-SOLICITED

Date:

Equipment or Project Name:

sitioning Department:

Budget Year:

Requi

New

Replacement

tancy of the Equipment or Project: Year(s)

ost (CDN Funds): $0.00

applicable): $

applicable): $

Life Expec

A) Base C

B) PST (if

C) GST (if