

Capital Expenditure Request (CER) Form
Slidell Memorial Hospital

Form Revision: 11/2009

1. Capital Item Description: **SMH Imaging Center - Front Entrance Renovation**

2. Requisitioning Dept: **Ben Galloway**

3. Dept Cost Center: **73000**

4. Prepared By: **Erin Salazar**

5. Date Prepared: **12/7/2015**

Capital Investment:

	Qty	Unit Cost	Extended Cost
6. Capital Item Cost			
7. Construction Cost / Site Prep	1	\$ 200,000	\$ 200,000 ←
8. Interface, Cabling, Other			\$ 20,000
9. Budgeted Approved Budget = \$0			10. Total Cost \$ 220,000

Net Increase/(Decrease) Operating Expenses

	Year 1	Years 2 - 5
11. Staffing		
12. Supplies		
13. Maintenance Contract Cost		
14. Net Increase/(Decrease) Operating Expense		

15. Vendor Name and Quote #	Market share %	GPO	Vendor Quote \$
Vendor Selected----> TBD by public bid			

16. Reasons for final vendor selection:

Item 8. Professional Fee's \$20,000

17. Financial Proforma Form Tab (See attached document) Required N/A

18. Existing Equipment (Check One) New Replacement Upgrade

19. Selection Team Signatures Required to be on file.

20. Projected Timetable: BOC: 12/22/15 Installed: Operating:

21. Requisitioning Director Signature 22. CER #