

**Master Lease Program
 REQUEST FOR USE & APPROVAL**

Request Date													
Requesting Agency						Program Name							
Division / Bureau						Contact Person							
Agency Address Zip & 4						Phone No. ()							
						Fax No. ()							
Equipment to be Financed						Use / Purpose of Equipment							
Total Amount of Equipment			Amount (if any) to be paid up front										
Proposed Vendor(s)						Proposed Delivery Date							
Master Lease Purchase Order Number(s)						Proposed Acceptance Date							
Requested Payment Period In Number of Years						Are anticipated lease payments part of base budget? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Preferred Starting Date Feb 1, 19 _____ OR Aug 1, 19 _____			Final Payment Date Feb 1, 19 _____ OR Aug 1, 19 _____			Proposed Funding Source <input type="checkbox"/> GPR <input type="checkbox"/> SEG <input type="checkbox"/> Leg Other _____							
						<input type="checkbox"/> Alternative Financing Options attached							
WiSMART Accounting Codes (from which lease payment will be made)		Agy.	Org.	Sub Org	App r	Actv.	Obj.	Sub. Obj.	Rptg. Cat.	Proj #	FY	\$ Amount OR %	
If different from contact listed above, person to receive Updated Lease Schedules.			Name				Phone No.			Fax No.			
FOR DOA USE ONLY											Special Conditions		
Master Lease Program Approval										Date			
State Budget Analyst Approval										Date			
DOA Secretary's Office Preliminary Approval										Date			