

Master Lease Program Equipment Lease/Purchase Planning Form

Date: _____
 State Agency/School District: _____
 Address: _____

Contact: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Federal Taxpayer Number: _____

	Type of Equipment	Quantity	Estimated Unit Cost	Estimated Total Cost	Requested Term of Financing	Anticipated Installation Date	Anticipated Acceptance Date	Purchase Order Number	Estimated Delivery Time (Days)	Bid or on State Contract
	Total Estimated Cost			<hr/>						