



DEAN OF FACULTY

REQUEST FOR CAMPUS OFFICE FURNITURE

Date _____

Name and academic title: _____

Department or Program affiliation: _____

Building and Room #: _____

Prior to completing this Form, please review Dartmouth's Ergonomic Assessment information, to schedule an assessment, if necessary, visit: https://www.dartmouth.edu/wellness/health_living_resources/support/ergonomics.php

General Description of Office Needs and Proposed Vendor (100 word limit):

Furniture breakdown below or attach detailed budget using 'Add Attachment' at top left

Desk: _____ Est. Cost _____

Faculty Chair: _____

Other Chairs: _____

Office Table: _____

Cabinet or Bookshelf: _____ Specify: _____

Other Requested Items: _____ Specify or attach listing: _____

Total Estimated Cost _____

***NOTE* - On-Campus office only, Home office furniture is not an allowable business expense. All furniture purchased by Dartmouth College remains the property of the College.**

Additional Information:

For Deans Office use only:

Amount Approved: