**State of Wisconsin 101 E. Wilson Street. 10th Floor**

**Department of Administration Madison, WI 53707-7864**

**Division of Executive Budget & Finance (608) 267-0374**

**Capital Finance Office FAX (608) 266-7645**

**Master Lease Program**

**DOA-2480 (C08/95)**

**Master Lease Program**

**REQUEST FOR USE & APPROVAL**

|  |
| --- |
| Request Date |
| Requesting Agency | Program Name |
| Division / Bureau | Contact Person |
| Agency Address | Phone No. Fax No.  |
| Equipment to be Financed | Use / Purpose of Equipment |
| Total Amount of Equipment | Amount (if any) to be paid up front$0 |  |
| Proposed Vendor(s)Ricoh | 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? No X Yes |
| Prefered Starting Date | Final Payment Date | Proposed Funding Source GPR SEG Leg |
|  Mar 1, 20 \_\_\_\_\_\_\_\_\_\_\_ OR |  Mar 1, 20  OR |  Other\_\_\_\_\_\_\_\_Proposed Statutory Appropriation for lease payments: |
|  Sep 1, 20  |  Sep 1,20\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Alternative Financing Options attached |
|  | Agy. | Org. | SubOrg | Appr | Actv. | Obj. | Sub.Obj. | Rptg.Cat. | Proj # | FY | $ Amount OR % |
| WiSMART Accounting Codes(from which lease payment will be made) |  |  |  |  |  |  |  |  |  |  |  |
| If different from contact listed above, Nameperson to receive UpdatedLease Schedules. |  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 |  |