**教学仪器设备添置及新建实验室申请表**

**单位名称： 受理编号：**

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|  | | | **以下由申请部门填写** | | | | | | | | | | | | | | | | | | | | |
| **申请部门** | | | | | | |  | | | | | | | | | **申请人** | | | |  | | | |
| **项目名称** | | | | | | |  | | | | | | | | | **□新建 □改建**  **□添置 □更新** | | | | | | | |
| **项**  **目**  **论**  **证** | **项目依据** | | | | **□教学必须 □校企共建 □项目配套**  **其他：**  **具体描述：** | | | | | | | | | | | | | | | | | | |
| **必**  **要**  **性** | | | | **请把该项目对应的课程、专业、对应的学生人数也一起写上** | | | | | | | | | | | | | | | | | | |
| **可**  **行**  **性** | | | |  | | | | | | | | | | | | | | | | | | |
| **项目覆盖的专业/课程** | | | | | | | | | | |  | | | | | | | | | | | |
| **项目对应的专项实践** | | | | | | | | | | |  | | | | | | | | | | | |
| **项目其它相关支撑** | | | | | | | | | | | **□省级专业综合改革项目 □省级虚拟示范中心 □学科竞赛项目**  **其他：** | | | | | | | | | | | |
| **拟使用场地** | | | | | | | | | | |  | | | | | | | | | | | |
| **负责任课教师** | | | | | | | | | | |  | | | | | **是否需额外培训或配备专业人员** | | | | |  | |
| **设备使用率**  （按每周40节为满负荷计算） | | | | | | | | | | |  | | | | | **预计使用年限** | | | | |  | |
| **预计后期投入** | | | | **软件** | | | | | | |  | | | | | | | | | | | |
| **硬件** | | | | | | |  | | | | | | | | | | | |
| **耗材** | | | | | | |  | | | | | | | | | | | |
| **项目建设完成时间** | | | | | | | | | | | |  | | | | | | | | | | | |
| **申**  **报**  **采**  **购**  **明**  **细**  **建**  **议**  **(可另附纸)** | | **需实现**  **功能** | | | | | | | **建议设备** | | | **建议品牌/型号** | | | | **数量** | | | **估价** | | **审核**  **调整建议** | | |
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|  | | | | **估算价格合计（申请人）:** | | | | | | | | | | | | | | | | | |
|  | | | | **调整后预算金额：** | | | | | | | | | | | | | | | | | |
| **院(部)论证小组意见及签章**  **（任课老师、实验员、教研室主任等）** | | | | | | | | | | | | | |  | | | | | | | | | |
| **申报单位负责人：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **学校论证小组意见汇总** | | | | | | | | | | | | | | | | | | | | | | | |
| **论证**  **小组**  **意见** | | | | **设备 意见** | | | | | |  | **（对申报的主要设备有调整或补充意见可直接在上表调整）** | | | | | | | | | | | | |
| **场地 建议** | | | | | |  |  | | | | | | | | | | | | |
| **财务 意见** | | | | | |  |  | | | | | | | | | | | | |
| **外请专家建议** | | | | | |  |  | | | | | | | | | | | | |
| **其他 建议** | | | | | |  |  | | | | | | | | | | | | |
|  | | | | **论证小组负责人：（盖章）**  **年 月 日** | | | | | | | | | | | | | | | |
| **分管校领导审批** | | | |  | | | |  | | | | | | | | | | | | | | | |
| **校长**  **审批** | | | |  | | | | | | | | | **董事长或授权人审批** | |  | | |  | | | | |