

**CAPITAL REQUEST
2023-2027**

Department _____

Responsible Person _____

PROJECT # _____

PROJECT NAME _____

CATEGORY _____

Improvement _____ or Equipment _____

PRIORITY _____ (1 High...5 Low)

Useful Life _____

DESCRIPTION

**** SPREADSHEET FOR GATHERING
CAPITAL EQUIPMENT or IMPROVEMENT DETAILS
FROM THE DEPARTMENTS**

JUSTIFICATION

Expenditure Schedule

PRIOR TOTAL	2023	2024	2025	2026	2027	TOTAL	FUTURE TOTAL
_____							_____

Funding Sources

PRIOR TOTAL	2023	2024	2025	2026	2027	TOTAL	FUTURE TOTAL
_____							_____

BUDGET IMPACT/OTHER

Operating Budget Impact

PRIOR TOTAL	2023	2024	2025	2026	2027	TOTAL	FUTURE TOTAL
_____							_____

