



Capital Project Request Form

City of Manitowoc

Select Request Type:

Department or Activity:		Date of Submission:	
Contact Person:		Phone#:	
Project Title:		Estimated Useful Life: _____	
Department Priority (select one)		Purpose of Project Request (check one) New Item Replace Existing Item: List Age _____ Modify Existing Item	
Will Request be part of another departments project? No Yes Department/Project			
Purpose of Expenditure (select one)			
Description:			
Cost & Recommended Sources of Funding: (Sources can be from sales of existing assets to offset cost of replacement)			
Basis of Cost: Quote Other Project Bid Estimate	Total Cost	\$	
	Total Revenue	\$	enter as – (neg)
	Net Cost	\$	
Will there be additional costs in future years to complete this project? No Yes Amount \$			
<u>Net Effect on Operating Costs (+/-) of 'New' Asset for the first year after purchase.</u> <u>Direct Costs</u> Personnel \$ Purchase of Service \$ Material/Supplies/Equip \$ Utilities \$ Other \$ <u>Indirect Costs</u> Other \$ Total \$		<u>Net Effect on Operating Costs (+/-) of 'Retaining' Existing Asset for another year.</u> <u>Direct Costs</u> Personnel \$ Purchase of Service \$ Material/Supplies/Equip \$ Utilities \$ Other \$ <u>Indirect Costs</u> Other \$ Total \$	
Finance Department Use:			
Account Assigned to Project: _____ - _____ - _____			
Approval sent to Contact Person: initials _____ Date ____/____/_____			