Capital Project Request Form

Nion	Mani	towocWisconsin
Request Type:		
Department:		Date:
Title of Request:		
Department Priority		
Linked to another project?	Yes	
	No	
Project Request is:	New	Estimated Useful Life:
	Replacement	
	Modification	
This is a limited field, please	attach documents for n	nore detail.
Description:		
Basis of Cost:	Quote	Total Cost
	Bid	
	Estimate	
Revenue (if any)		Net Cost
Will there be addition	nal costs in future	e years to complete this project?
select one:	Yes	If yes, amount?
	No	
Finance: Account		
Send to Department		ate: