

Capital Project Request Form



Request Type:

Department:

Date:

Title of Request:

Department Priority

Linked to another
project?

Yes

No

Project Request is:

New

Replacement

Modification

Estimated Useful Life:

This is a limited field, please attach documents for more detail.

Description:

Basis of Cost:

Quote

Bid

Estimate

Total Cost

Revenue (if any)

Net Cost

Will there be additional costs in future years to complete this project?

select one:

Yes

No

If yes, amount?

Finance: Account

Send to Department

Date: