

Capital Project Request Form

17-0790



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 Dept: Account

Sent to Dept: ☐

Action: