



FY 2024 | Capital Expenditure Request Form



Instructions

Please use this form to submit each capital budget request for consideration in the budget planning process. Refer to the guidance memorandum for definitions, deadlines, and other details.

Department / Board Information

Department/Board Name		Date	
Contact Name		E-Mail	
Telephone			

Project / Purchase Request Information

Project Name			
Estimated Total Cost		Source of Estimate	
Prioritization in Relation to all Dept. Requests		New or Replacement Request?	
This Request is Necessary to Address: (check all that apply)	Emergency Need Public Safety Court Ordered	To Maintain Services Asset Preservation Project Deferred Previously	Matching Funds Available Continuation of Prior Funding
Brief Purchase / Project Description & Department Capacity to Complete Project			
Please Identify Potential Funding Sources if Known			
Explain Anticipated Impact on Future Operating Budgets	Reduce Cost	Cost Unchanged	Increase Cost
			Useful Life

Note: Attach any other data, photographs, reports, proposals, quotes, or information as warranted.

Signature		Name	
	Signature of the Person Submitting this Form		Name of the Person Submitting this Form (print)

To Be Completed by Capital Planning Committee

Funding Source	General Fund	\$	Free Cash/ Retained Earnings	\$	Stabilization	\$
	Borrowing	\$	State/ Federal	\$	Grants	\$