

Town of South Hadley Capital Project Request

Fiscal Year: _____

Request #: _____

Project Title: _____

Estimated Cost: \$ _____

Funding Source: _____

New Request? Yes No

Department: _____

Date Prepared: _____

Submitted By: _____

Title: _____

Phone Number: _____

Email Address: _____

Project Background

Purpose of Expenditure

Scheduled Replacement: _____

Number of Units Requested: _____

Present Equipment Obsolete: _____

Cost Per Unit: \$ _____

Replace Worn Out Equipment: _____

Subtotal Cost: \$ _____

Reduce Personnel Time: _____

Trade In or Discount: \$ _____

Expanded Service: _____

Total Cost: \$ _____

New Operation: _____

Increased Safety: _____

Improve Procedures: _____

Number of Similar Items in Inventory: _____

Estimate Use of Requested Item(s)

Number of Weeks Per Year: _____

Estimated Useful Life (years): _____

For Weeks Used, Number of Days Per Week: _____

Average Hours Per Day of Use: _____

Total Estimated Hours Used Per Year: _____

Replaced Item(s)

Replaced Item Description: _____

Make/Model: _____ Year: _____

Prior Year Maintenance Cost: \$ _____ Prior Year Rental Cost: \$ _____

Trade In: ___ Sale: ___ Scrap: ___ Estimated Revenue: \$ _____

Signature: _____

Date: _____