

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: _____
Present Equipment Obsolete: _____
Replace Worn Out Equipment: _____
Reduce Personnel Time: _____
Expanded Service: _____
New Operation: _____
Increased Safety: _____
Improve Procedures: _____

Number of Units Requested: _____
Cost Per Unit: \$ _____
Subtotal Cost: \$ _____
Trade In or Discount: \$ _____
Total Cost: \$ _____

Number of Similar Items in Inventory: _____

Estimate Use of Requested Item(s)

Number of Weeks Per Year: _____
For Weeks Used, Number of Days Per Week: _____
Average Hours Per Day of Use: _____
Total Estimated Hours Used Per Year: _____

Estimated Useful Life (years): _____

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: _____