



2024 CAPITAL BUDGET REQUEST

DEPARTMENT: _____

PRIORITY RATING (See below): _____

Prioritize request by numbering (i.e. A-1, A-2, A-3)

PRIORITY RATING SYSTEM:

- A Requests due to regulations or safety issues
- B Requests based on revenue production
- C Requests – other general
- D Requests for future years Year: _____

TYPE OF REQUEST:

New _____
 Replacement _____
 If replacement – current asset #
 and equipment description:

DESCRIPTION OF CAPITAL BUDGET ITEM: _____

REASON FOR REQUEST: _____

COST OF ITEM (ALL KNOWN COSTS INCLUDING FREIGHT, ETC): _____

OTHER DEPARTMENTS INVOLVED:

PLANT OPS: Y ___ N ___
 IT: Y ___ N ___
 OTHER DEPT?
 DEPT NAME: _____

ESTIMATED COSTS: _____
 ESTIMATED COSTS: _____
 ESTIMATED COSTS: _____

TOTAL COST OF CAPITAL BUDGET REQUEST: _____

PROPOSED PURCHASE MONTH: _____

IF REVENUE PRODUCING, ANTICIPATED ANNUAL INCOME: _____

ADDITIONAL ANNUAL OPERATING COSTS (i.e. support): _____

WHAT ARE YOUR OPTIONS IF YOU ARE UNABLE TO PURCHASE THIS CAPITAL ITEM?

OTHER INFORMATION TO SUPPORT REQUEST?

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION FOR YOUR REQUEST.