Town of Bellingham
Capital Equipment Purchase Request Form

1. Department _____ **2. Sub-Dept** _____ **3. Date** _____

4. Contact Person _____ **5. Phone** _____

6. Project Title _____ **7. Fiscal Year Requested** _____

8. Form of Acquisition Recommended **Purchase**_____ **Lease**_____

9. Number of Units Requested _____ **10. Number of similar units in Inventory** _____

11. Purpose of Expenditure (check as appropriate):

( ) Scheduled Replacement
( ) replace worn out equipment
( ) New Operation
( ) Reduce Personnel Time
( ) Present Equipment Obsolete
( ) Expanded Service
( ) Increased Safety
( ) improve procedures, records, admin. Function

12. Estimated Use of Requested Item(s): _____ weeks per year (approximate months if seasonal), _____Average days used per week, _____ Average hours used per day.

13. Estimated Useful Life in Years _____

14. Cost:	Per Unit	Total
Purchase Price or Annual Rental	$_____	$_____
Installation or other costs	$_____	$_____
Total needed	$_____	$_____

15. Replaced Equipment:

Item	Make	Age	Maintenance Cost Prior Year
1._____	_____	_____	_____
2._____	_____	_____	_____

16. Recommended Disposal of Replaced Items:

____Trade-in ____Sale ____Use by Other Dept.(specify)_____

17. Comments:

18. Submitted By _____ **Title**_____ **Date**_____

Date Reviewed by: C.F.O._____ **Cap. Improvement Comm.**_____