

TOWN OF MILLVILLE
CAPITAL EQUIPMENT REQUEST FORM
(Equipment Purchase or Major Rental)

Department: _____ Date Prepared: _____

Contact Person: _____ Phone Number: _____

1. Project Title: _____

2. Form of Acquisition: _____ Purchase _____ Rental **3. Number of Units:** _____

4. Cost:	Per Unit	Total
Purchase Price or Annual Rental	_____	_____
Plus: Installation or Other Costs	_____	_____
Less: Trade-in or Other	_____	_____
Net Purchase Cost or Rental	_____	_____

5. Purpose of Expenditure:

- () Scheduled Replacement
- () Present Equipment Obsolete
- () Replace worn-out equipment
- () Reduce personnel time
- () Expanded service
- () New operation
- () Increased safety
- () Improve procedures, records, etc.

6. Number of Similar Items in Inventory: _____

7. Estimated Use of Requested Item:

_____ Weeks Per Year
_____ Months Per Year (if seasonal)
_____ Days Per Year
_____ Hours Per Day

Estimated Useful Life in Years: _____

8. Replaced Item(s):

	Item	Make	Age	Maint. Cost	Prior Year's Breakdowns	Rental Cost
A.	_____					
B.	_____					
C.	_____					
D.	_____					
E.	_____					

9. Recommended Disposition of Replacement Item(s):

Possible use by other agencies: _____

Trade-in: _____

Sale: _____

10. Submitting Authority:

Submitted By _____ Position _____

_____ Date

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INSTRUCTIONS FOR COMPLETION

The Capital Equipment Request Form should be included if the capital project is an independent equipment purchase or major rental.

- 1. Project Title:** Insert title of proposed project.
- 2. Form of Acquisition:** Check appropriate category.
- 3. Number of Units Requested:** Indicate the total number of units to be rented or purchased.
- 4. Cost:** Provide cost data requested.
- 5. Purpose of Expenditure:** Check the appropriate reasons for this expenditure.
- 6. Number of Similar Items in Inventory:** Indicate and list the number of similar equipment items in the inventory of the requesting department.
- 7. Estimated Use of Requested Item(s):** Indicate the number of weeks per year the item is expected to be used and the approximate months of the year, if seasonal, and estimate the average usage (in days per week and in hours per day) for the specified period. Also show estimated useful life of the item based on planned usage.
- 8. Replaced Items:** Provide the information indicated for any municipally owned or rented item(s) that will be replaced by the request item(s). If there are no items replaced, enter N/A.
- 9. Recommended Disposition of Replaced Items:** Self-explanatory.
- 10. Submitting Authority:** The agency head or other official representative should review, sign and date each form.