

**TOWN OF LEICESTER
CAPITAL EQUIPMENT PURCHASE
REQUEST FORM**

1) Dept: _____ 2) SubDept: _____ 3) Date: _____

4) Contact: _____ 5) Job Title: _____ 6) Phone: _____

7) Project Title: _____ 8) Reference # _____

9) Type of acquisition recommended: Purchase _____ Lease _____ Lease/Purchase _____

10) # of units requested: _____ 11) # of similar items in inventory: _____

12) Purpose of expenditure: (check as appropriate)

| | |
|--|---|
| <input type="checkbox"/> scheduled replacement | <input type="checkbox"/> present equipment obsolete |
| <input type="checkbox"/> replacement of worn equipment | <input type="checkbox"/> reduce personnel time |
| <input type="checkbox"/> expanded service | <input type="checkbox"/> new operation |
| <input type="checkbox"/> increased safety | <input type="checkbox"/> improve procedure, etc. |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |

13) Estimated usage of item requested/useful life expectancy (listed in years): _____

weeks used per year: _____ days used per week: _____

months used per year: _____ hours used per day: _____

| <u>14) Cost</u> | <u>Per Unit</u> | <u>Total</u> |
|--|-----------------|--------------|
| purchase price or annual rental cost | \$ _____ | \$ _____ |
| plus installation or other related costs | \$ _____ | \$ _____ |
| less trade or other discount | \$ _____ | \$ _____ |
| NET purchase price or annual rental: | \$ _____ | \$ _____ |

| 15) Equipment being replaced: | | | <u>Prior Year's Statistics</u> | | |
|-------------------------------|-------|-------|--------------------------------|---------------|---------------|
| Item: | Make: | Age: | Maintenance Costs: | # Breakdowns: | Rental Costs: |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

16) Recommended Disposal of replaced items:

| | | |
|----------------|-------------|-----------------|
| trade-in _____ | sale _____ | donation _____ |
| other _____ | other _____ | re-use by _____ |

17) Comments:

18) Date: _____ Submitted by/Title: _____

email address: _____