CAPITAL BUDGET FY2011 - FY2015

CAPITAL EXPENDITURE/ITEM REQUEST FORM

Depar	rtment: Division:
Fiscal	I Year: Priority #:
	PLEASE PREPARE AND SUBMIT TWO (2) COPIES TO THE TOWN ADMINISTRATOR'S OFFICE
	1. Item/Expenditure:
	2. Location:
	3. Description of Project/Equipment/Item/Expenditure:
	4. Need for Project/Equipment/Item/Expenditure:
	5. Estimated Start/Purchase Date:
	6. Estimated Completion/Receipt Date:
	7. Cost:
	Design of Plan Inspection
	Land Acquisition Equipment
	Construction TOTAL
	8. How will expenditure be funded?
	Town Funds State Funds Federal Funds
	9. Please identify specific funds (Grants, Taxation, Rates, etc)
	10. Will the expenditure produce new revenue? Yes No
	11. If yes, please identify how and how much revenue:
	12. What will be the additional annual operating cost?
	1st Year 3rd Year 3rd Year
	4th & Future Year
	Why
13.	Will this expenditure remove property from the tax list? \square Yes \square No
	If yes, please provide cost/benefit analysis:
14	Please be sure to provide backup information
14.	 Please be sure to provide backup information. Backup information attached or will submit by:

(See Page 7 of summary sheet for priorities 5-8 for each year)

Department	:	Division:	
FY2011 Priority #	Item/Expe	nditure/Project Title	Cost
1			
2			
3			
4			

FY2012 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2013 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2014 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

FY2015 Priority #	Item/Expenditure/Project Title	Cost
1		
2		
3		
4		

PRIORITY 5 THROUGH 8

FY2011 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2012 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2013 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2014 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		

FY2015 Priority #	Item/Expenditure/Project Title	Cost
5		
6		
7		
8		