



CAPITAL IMPROVEMENT PROJECT (CIP) REQUEST - FY24
FORM B - EQUIPMENT & ASSETS

Equipment Requested:

Department:

Project Mgr.: **Email:**

New Project or Modification:

Department Priority:

Rank your project(s) in order of priority from your point of view. If you propose four projects, rank them 1, 2, 3, 4, with 1 being the highest, and so forth.

Equipment/Asset Description:

Justification:

Relationship to Other Projects:

Operational Impact:

What impact will this project have on operational costs?

- Reduce Cost (greater than 5%)
- Reduce Cost (less than 5%)
- Cost Unchanged
- Increase Cost (less than 5%)
- Increase Cost (greater than 5%)

	FY22	FY23	FY24	FY25	FY26
Average Annual Repair Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Average Annual Maintenance Costs	-	-	-	-	-
Implementation					
Other: <input type="text" value="Specify"/>	-	-	-	-	-
Other: <input type="text" value="Specify"/>	-	-	-	-	-
Total:	\$ -	\$ -	\$ -	\$ -	\$ -

Estimated useful life:

Cost Per Unit: **# of Units Requested:** **Total Cost:**

see other side

Equipment Being Replaced (if any):

	Item	Make	Age	Avg. Maint. Cost	Avg Repair Costs	Rental Cost
A.						
B.						
C.						
D.						
E.						

Recommended disposition of items being replaced:

Evaluation Committee Use Only:

Reviewed and Approved By:

Requesting Department	<input type="text"/>
Auditing	<input type="text"/>
Purchasing	<input type="text"/>

Date	<input type="text"/>
Date	<input type="text"/>
Date	<input type="text"/>
Final Approval	<input type="text"/>

Version	<input type="text"/>
Draft	<input type="text"/>
Revised	<input type="text"/>
Accepted	<input type="text"/>