TOWN OF HOPKINTON
CAPITAL EXPENDITURE DESCRIPTION - DETAIL
DEPARTMENT/BOARD _____

Project/Expenditure: _____ Fiscal Year: ____ Cost: _____
Department Head/Board Chair: _____ Priority: # _____ of _____

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(1) Description (*Please include any brochures on product):* _____
_____
_____

(2) Useful Life: ____

(3) Purpose:

__Scheduled Replacement *
__ New/Expanded Service
__ Other (*Please Explain*)

__ Increased Personnel Efficiency
__ Replace Obsolete/Unsafe Equipment*
Please explain how old equipment will be disposed of.

_____
_____
_____

(4) Justification: _____
_____
_____

(5) How did you determine this project's priority?
_____
_____

(6) Estimated Cost: $_____
_____

(7) Additional Cost Data (*Equipment Only)*

Purchase Price: $ _____
Less Trade-In: $ _____
Net Cost: $ _____

(8) Are non-Town revenues available to reduce cost? _____
_____
_____

(9) What will be the effect on your department if this project is delayed?
_____
_____

(10) Please describe the effect of this project on your Operating Budget.

<u>Personnel Budget</u>:
__ increase
__ decrease
__ no change
_____ amount of change

<u>Expense Budget</u>:
__ increase
__ decrease
__ no change
_____ amount of change

Detail: _____
_____

Attachments (*if any*):
_____