

**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:	\$ _____	\$ _____

<u>15) Equipment being replaced:</u>			<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: _____