CAPITAL PROJECT AND OUTLAY INFORMATION FORM

NAME OF DISTRICT: **DATE**:

INSTRUCTIONS: Please complete this form and submit with budget package for all capital projects or equipment either underway or planned for implementation and acquisition.

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NAME OF PROJECT OR EQUIPMENT:

DESCRIPTION:

EXPENSE CATEGORY:

IS PROJECT UNDERWAY: YES ____ NO ____ IF **YES**, BEGINNING DATE _____
ESTIMATED END DATE _____
% COMPLETE _____

IF **NO**, EST BEGINNING DATE _____
ESTIMATED END DATE _____

TOTAL ESTIMATED COST: _____

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NAME OF PROJECT OR EQUIPMENT:

DESCRIPTION:

EXPENSE CATEGORY:

IS PROJECT UNDERWAY: YES ____ NO ____ IF **YES**, BEGINNING DATE _____
ESTIMATED END DATE _____
% COMPLETE _____

IF **NO**, EST BEGINNING DATE _____
ESTIMATED END DATE _____

TOTAL ESTIMATED COST: _____

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