

**ROMOLAND SCHOOL DISTRICT  
BUSINESS SERVICES DIVISION  
CAPITAL OUTLAY REQUEST**

Site #  Site Name  Room/Location

Requested by:  Title:  Date

Capital Outlay Requests are for Improvements or additions to existing facilities or the installation of new equipment.

**For Cost Estimates Only – Contact MOTF Office at Ext. 1238**

**Describe Request (Description of Project): (Attach diagram, layout, MOT&F estimate sheet, etc.) If more space is needed, attach a separate piece of paper.** \_\_\_\_\_

\_\_\_\_\_

**Justification and/or Rationale:**

Number of Students Impacted:  Number of Staff Impacted:

Impact on Learning Environment: \_\_\_\_\_

Safety Issue (Explain): \_\_\_\_\_

Explanation of Problem as it now exists: \_\_\_\_\_

Existing Remedy (What are you doing now?): \_\_\_\_\_

Alternative Solutions (What could you do right now to alleviate the problem?): \_\_\_\_\_

Cost Effectiveness: \_\_\_\_\_

**SACS CODE:**

Fund  School  Res.  PY  Func.  Goal  Object

Grant:  Donations:  PTA:  Other:

**Approval Process/Action Steps:**

1) \_\_\_\_\_ Date \_\_\_\_\_ Site Administrator/Principal  
(Forward to MOT&F)

2) \_\_\_\_\_ Date \_\_\_\_\_ MOTF Director Estimate: \$ \_\_\_\_\_  
(Forward to Accounting to verify appropriate Funds Code and IF Funds are Available)

MOT&F Comments: \_\_\_\_\_

3) \_\_\_\_\_ Date \_\_\_\_\_ Accounting Representative  
(Forward to Chief Business Official for Cabinet Review) Date: \_\_\_\_\_

4) Cabinet:  
 Approved (District Funds)       Approved (Site Funds)       Denied

\_\_\_\_\_ Date \_\_\_\_\_ Chief Business Official

Approved Project Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_