

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. 1236

Describe Request (description of Project): (Attach diagram, layout, MOTF estimate sheet, etc.) If you need more space, 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 Problems 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)

MOTF Comments: _____

3) _____ Date _____ Accounting Representative
(Forward to Capital Outlay Request Review Committee) Committee Date: _____

4) Capital Outlay Request Review Committee:
 Approved (District Funds) Approved (Site Funds) Denied

Committee Representation Signature: _____ Date _____ Chief Business Official

Approved Project Assigned To: _____ Date: _____