Date of this Request: __________________ Requested Amount: __________________

Department: __________________ Person Requesting: __________________

Item Requested: ______________________________________________________________

Requests will not be approved as brand specific.

Description of Item, Specifications, Features; include quotes and additional documentation to support your request.

Indicate Funding Source:

☐ Tribal Contribution

☐ External Funding Source (Please list external source name and approval date):

Indicate Quarter in which item is scheduled to be purchased. If purchase is not completed by the end of identified quarter, funds may no longer be available.

☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

Justifications/Need for Item: (attach additional pages if needed)

1. Safety: ________________________________________________________________

2. Obsolete Equipment: ___________________________________________________

3. Efficiency: _____________________________________________________________

4. Other: __________________________________________________________________

Approvals:

Requester: ________________________________________________________________ Date: __________

Department Manager: ______________________________________________________ Date: __________

Executive Level: ____________________________________________________________ Date: __________

Submitted to Tribal Council ________; Approved by Tribal Council ________; Allocated Amount: ______

PD - FORM 1 CAPITAL ITEM JUSTIFICATION WORKSHEET

Requests for Capital Items are to be made by completing the Capital Item Justification Worksheet. These are to be submitted along with your annual fiscal budgets. This is due when you submit your annual budget. All departments within the Tribal Administration Division are to submit their request to the Tribal Administrator by the due date. This form is to be used for ALL capital request – no matter what time of the year.