

Dept. Name_____

**FY23 BUDGET
LONG-TERM CAPITAL NEEDS REQUEST**

Please complete a long-term capital needs request form for each capital need you identify, for the next five budget years. If you are submitting more than one request, prioritize the requests using 1 as highest priority, 2 as second, etc.

Requested by:_____Ext. #:_____

Schedule a Meeting: YES NO

Requested For: FY21/22, FY22/23, FY23/24, FY24/25, or FY25/26

Location:_____

COMPLETE THIS SECTION

Description of Capital Need:

Dept. Head Signature:_____Date_____Priority_____of_____