

Capital Purchase Request Form

Date:

Department:

Manager:

Note: All items may not have a direct financial payback for the Co-op. If your request will not produce a direct financial gain, please be very clear in explaining how this item will improve your department.

What capital purchase are you requesting (please be specific):

When would you like this item delivered/installed:

What is the cost of this item (including installation):

How will this improve your department:

How much revenue will this generate-sales growth, gross profit growth, labor reduction- (your best estimate):