CAPITAL ASSET REQUEST FORM
1/2 cent Capital Replacement Fund
for FY 2014 Amended Budget

DEPARTMENT:	Public Works

Section 1: NEW CAPITAL ASSET REQUESTED:

DESCRIPTION OF ASSET BEING REQUESTED:	Quick Coupler for Excavator
USE / PURPOSE:	Provides a safer and faster means of changing buckets on the excavator
QUANTITY DESIRED TO PURCHASE:	1
COST *(each)*:	15,000
EXPECTED LIFE OF ASSET BEING REQUESTED	15 years

FUNDING - Are other funding options available?

- (●) *No*
- ( ) *Yes - (please explain other funding options that are available)*

Explanation of other funding options that are available:

NEED - *(complete and attach page four, if needed)*

A. Who will derive the greatest benefit from purchase of the requested capital asset?

- (●) Department
- ( ) General Citizenry
- ( ) Commercial
- ( ) Industrial

B. What scope of services (to citizens) will be provided by purchase of requested capital asset?

Provides a safer and faster means of changing buckets on the excavator

C. How are needs currently being met?

Excavator buckets are currently changed out manually. It takes an hour to hour & half with 4 employees releasing and securing buckets weighing over 4,000 lbs.

Section 2: CAPITAL ASSET TO BE REPLACED:

Capital Item Inventory Number: Not a replacement

Description:

Original Purchase Cost:

Age of capital asset being replaced:

Present Condition:

- ○ *Excellent*
- ○ *Good*
- ○ *Fair*
- ○ *Poor*
- ◉ *Other (please explain)*

Explanation for Other Condition:

Estimated price asset can be sold for:

Department Head Signature: Steve Abbott

Date: 4-8-14

CAPITAL ASSET PURCHASE AUTHORIZATION

City of Madison, Alabama

Date of Request: 06/09/2014

Department: Public Works

CAPITAL ASSET REQUESTED TO BE PURCHASED:

Description: Quick Coupler for Excavator

Use/Purpose: Provides a safer and faster means of changing buckets on the excavator

Cost: $Not to exceed $15,000

Budgeted Item:

- [x] Yes
- [ ] No

Bid Item:

- [ ] Yes Bid No._____ Res. No. _____
- [x] No

Department Head - Signature _____ Date 6-3-14

Finance Committee Chair – Signature _____ Date _____

Before "any" capital outlay is purchased (even if in approved annual operating budget), purchase approval shall be obtained from Finance Committee, first. This form must be signed by Finance Committee Chair and then forwarded to Finance Department.

Attachment B
Price Quote Form

City of Madison, Alabama

Price Quote Sheet

Date: 6-3-14

Quote #1: Vendor Name and Address: Thompson Tractor

Phone #: 532-3001
Fax #:

Quoted by: Fax

Quote Amount: $15,000

Comments:

Quote #2: Vendor Name and Address: N/A

Phone #:
Fax #:

Quoted by:

Quote Amount:

Comments:

Quote #3: Vendor Name and Address: N/A

Phone #:
Fax #:

Quoted by:

Quote Amount:

Comments:

Quantity:	Description of Item(s) requested:	Price Quote #1:	Price Quote #2:	Price Quote #3:
1	Quick Coupler	$15,000	N/A	N/A
	Total.....	$ -	$ -	$ -

Requesting Dept: Public Works

Requested by: Kent Smith

Comments: