

WARRANT ARTICLE REQUEST FORM

REQUESTING DEPARTMENT: *Cemetery*

PURPOSE: (Describe the purpose of the request, i.e., what you wish to purchase or save for, etc.)

Fees Collected From grave SALES IN FY 2020

TOTAL COST OF ITEM: (i.e., purchase price estimate) \$ _____

AMOUNT REQUESTED IN THIS ARTICLE: *Fees Collected in FY 2020*

Is this request to create a new Capital Reserve Fund?

YES

NO

If YES, specify the requested fund name: _____

Will this request involve a withdrawal of monies from the existing Capital Reserve Fund during the budget year? YES NO *UNKNOWN*

If YES, indicate how much money from the existing fund will be withdrawn and for what purpose? \$ _____

Current Fund balance: \$ _____

Is the withdrawal of monies from the existing fund for the purpose of equipment replacement? YES NO

If YES, please indicate the proposed usage or destiny of surplus equipment being replaced: (trade-in, disposal, advertise for bid, etc.)

Current inventory # of surplus equipment # _____

Current value of surplus equipment \$ _____