



Capital Reserve Maintenance Fund Request

MOTION: I move that the Board of Supervisors approve a Capital Reserve Maintenance Fund Request in the amount of _____ for the purpose(s) of:

Section 1 - REQUEST

Requesting Department/Agency	Dept/Agency Contact	Date of Request
Phone	Fax	Fiscal Year

Reserve Fund Purpose Category:

Description of Project/Repair	Qty	Unit Price	Total Price

Total Request:

Description and justification for proposed use.

Department/Agency Head Name	Signature	Date
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Section 2 - REVIEW

Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	County Finance Director	Date
Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	County Administrator	Date

Section 3 - BOARD OF SUPERVISORS

Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Decision Date	Comments
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