

Capital Project ID Request

Name of Project: _____ Estimated Total Cost: _____

Description: _____ Project ID: _____

Purpose: _____

Start Date: _____ End Date: _____

Will this project be a Capital Asset? ☐ Y ☐ N
(Check one)

Asset Category:
(Check one below)

Over \$5K:

- ☐ Vehicles
☐ Equipment

Over \$25K:

- ☐ Building/Improvmnts ☐ Fiber Optics ☐ Storm Water Systems
☐ Land ☐ Bridges ☐ Sewer Lines
☐ Land Improvements ☐ Roads ☐ Sewer Plant
☐ PDR ☐ Traffic Signals ☐ Construction in Progress

Funding Source: _____

Budget for the Project:

(Enter accounting string and amounts below)

Fund	Dept Id	Section	Site	Account	Amount	Activity
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Contact Person _____ Division: _____

Phone Number _____ Email Address: _____

Signature of Project Requester _____ Date: _____

***Please contact Kim Bryan (Ph# 258-3314 kbryan@lexingtonky.gov) or Ashley Isom (Ph# 258-3489 aisom@lexington.ky.gov) in Accounting if there is a change in Project Manager or status of the project.**