

## **Capital Improvement Interim**

## **Request Form**

Requested by	Tom Whitte	n		Date	1-30	-19			
Department	Sheriff			Division	Det	ention Facility			
Request	Pipe		Location of Item						
Additional Description	i ipes die usee	sed as a scanning and tracking tool to ensure inmates are to meet state requirements.							
Quantity 240		Unit Cost		Total Re	quest	\$66,294			
Request									
Purpose To check on health/ safety of inmates		Category				If replacement:			
				Condition:		ion:			
<b>Operational Impact</b>	(Costs/ Savings)			Та	g numl	per:			
Associated Operating	• • • •	i.e. Additonal funds for mair	ntenance, software, suppl	ies or reduction in spe	cific accou	ints			
Is funding available?	YES NO								
Justification									
This pipe system is n already been earmai	-			ds will come t	from t	he \$1.4M that has			

\*\* PLEASE SUBMIT ALL DOCUMENTATION AS NECESSARY

INTERNAL USE ONLY:								
FORM NUMBER CIP-19-05 APPROVAL TYPE	3	ITEM TOTAL	\$66,294	APPROVED				
INDEX SO Detention Facility	SUB-OBJECT	706002		DENIED				
DEADLINE 5/31/19								
IF ALTERNATE FUNDING:	ATED ITEM:							
FUNDING SOURCE	ITEM NO	0		NEW TOTAL				
COCP-3001-CIP2019-431-35-30100-0351-INT05-706002-								
SIGNATURE				DATE				
COMMENTS		APPROVAL TYPES						
			-	1 - BUDGET APPROVAL				
			2	2 - CHIEF ADMIN				
			3	3 - COMM CRT				