



**City of Bristol Virginia
Capital Item Request Validation Form
for items costing more than \$15,000**

| | | | |
|--|---|------------|-------------|
| Requisition Date | | | |
| Department Name & Person Making Request | | | |
| Capital Item Requested | | | |
| Please answer each of the following in sufficient detail. | | | |
| Reason for Purchase | | | |
| If immediate purchase is necessary, explain why and the potential impact of a delay in the purchase. | | | |
| What is the time between order placement and delivery? If time is necessary for build, customization, etc., please explain. | | | |
| Is this an Additional or Replacement item? | <table border="0"> <tr> <td align="center">Additional</td> <td align="center">Replacement</td> </tr> </table> | Additional | Replacement |
| Additional | Replacement | | |
| If replacement, what will become of the replaced item? | | | |
| If this request is for a new item, has the possibility of purchasing "used" been evaluated? If not, why? | | | |
| If "used" has been considered, what were the factors that made "new" preferred? | | | |
| If this is an emergency purchase, please provide details as to the emergent situation, steps taken to avert damage to persons and property, and additional details as necessary. | | | |

Requester Signature _____
 Date _____
 Department Head Signature _____
 Date _____

Reviewers: Sign and Date upon Review Completion
 Chief Financial Officer _____
 Date _____
 City Manager _____
 Date _____