

**NEVADA DIVISION OF STATE PARKS
EQUIPMENT WORK SHEET FY**

Region: _____ Park: _____
 Park Region Division
 PRIORITY: Priority #: _____ Priority #: _____ Priority #: _____

Equipment Description (spec sheets must be attached): _____

Requested in previous budget? Yes _____ No _____ If yes, What FY _____

Equipment Type:

1-Office _____ 2-Communications _____ 3- Grounds Maintenance _____
 4 - Safety _____ 5-Tools/Shop _____ 6- Heavy Equipment _____
 7-Computers _____ 8-Vehicles _____ 9 - Boats _____
 10-Vehicle Access _____ 11- Miscelaneous _____

_____ NEW _____ REPLACEMENT FY _____

REPLACEMENT INFORMATION:

Replacing License # _____ Description: _____
(model, make, year)
 Mileage: _____ Condition: _____
(good, fair, poor, ect.)
 Number Requested: _____ 0 _____ Unit Cost: _____ \$0.00 Total Cost: _____ \$0.00

Options Other Than Purchase: _____

Impact, if not Purchased: _____

Frequency of Use: Daily _____ Weekly _____ Monthly _____
 Annually _____ Other _____

JUSTIFICATION: _____

Originator: _____ Title: _____ Date: _____

Facility Supervisor: _____ Date: _____

Regional Manager: _____ Date: _____
 _____ Approved _____ Disapproved

Comments: _____

Division Approval: _____ Date: _____