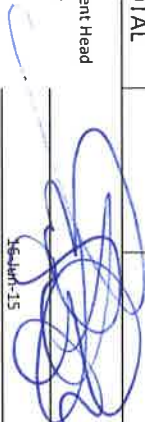


2016- 2020 Capital Budget Request Form

Department Agency Number		Contact Name	David Gavinski						
Department Name	200	Contact Number	504-658-1101						
Date	City Council	Contact E-Mail							
Request #	Department Ranking	Priority Criteria Ranking	Project Name	Project Amount	2016	2017	2018	2019	2020
1	1	123	City Council Chamber	\$ 240,000.00	\$ 240,000.00	\$ -	\$ -	\$ -	\$ -
TOTAL				\$ 240,000.00	\$ 240,000.00	\$ -	\$ -	\$ -	\$ -

Department Head Signature



Printed Name

EVELYN F. PUGH, INTERIM CHIEF OF STAFF

Date

4-6-15