

**UNITED INDEPENDENT SCHOOL DISTRICT  
CAPITAL OUTLAY JUSTIFICATION DETAIL FORM  
FISCAL YEAR 2008-2009**

**Department Name:**

**Department/Team/Grade Level:**

**Department Head/Team or Grade Level Leader:**

**Signature and Date:**

Priority Rank	Description of Capital Outlay	Quantity	Estimated Cost
	<b>Total Justified Amount</b>		

Justification:

---



---



---



---

**NOTE:** Attach additional sheets as necessary and staple pages together.