5-Year Capital Replacement Plan

Account Number: _____ Account Name: _____

Prepared by: _____ Date Prepared: _____ UMC: _____

Item Description	Purchase Date (mm/yy)	Cost	Estimated Useful Life in Months	N=New R=Replacement

NOTE: List each piece of equipment individually on a separate line. This form is only an estimate of future capital needs. Capital equipment for service accounts include any piece of equipment that has an individual value of $1,000 or more and has an expected life of more than one year
Please return this form to your accountant at UMC 2400