

ONEIDA INDIAN NATION
GROUP # AND NAME:
FUND # AND NAME:
DEPARTMENT NAME:
PROGRAM #:
BUDGET CAPITAL RETURN ON INVESTMENT FORM

New Capital Item Description: _____

Dates	Description	Amounts
	Total Estimated Savings/Increased Revenue	\$ -
	Estimated Payback Period	
	Estimated Savings/Increased Revenue	\$ -
	Cost of Investment	
	# of Years to Pay Back Investment	- Years

**ROI Form is required for all new capital items to be considered for approval.*