

**ILLINOIS HEALTH FACILITIES PLANNING BOARD
CAPITAL EXPENDITURE REPORT
CALENDAR YEAR 2000**

Facility: _____

Location: _____

Contact Person: _____

Phone: _____

NOTE: Provide total capital expenditures obligated during calendar year 2000 here including all capital expenditure less than \$200,000: \$ _____

Directions:

Please provide the requested information on this chart. Please note that the capital expenditures are for obligations of \$200,000 or more incurred in calendar year 2000. For example, if a project were obligated in calendar year 1999, but payments did not occur until 2000, that project should NOT be included in this report. However, if a project were obligated in calendar year 2000, but the payments will not be made until 2001 or later, it SHOULD be included in this report. Note the example in the chart.

A copy of this form is available at the State Board's web site: www.idph.state.il.us/about/hfpb.htm

Brief Project Description	Amount of Capital Expenditure Obligated	Method of Financing	CON Project Number (if applicable)
EXAMPLE: Add Surgery Room	\$500,000	Cash/Securities	N/A