

ROWAN UNIVERSITY
Capital Project Request Approval/Setup Form
For Projects up to \$250K

Originating Office: _____

Project Title: _____

Project Location: _____

Project Description: _____

Justification: _____

Requestor: _____ Title: _____ Date: _____

Department Head/Dean Authorization: _____

Assigned Capital Account

Fund: _____

Org: _____

Acct: _____

Prog: _____

Account Name	FUND#	ORG#	ACCT#	PROG#	AMOUNT
Total of all funding sources					

SVP/VP/Provost Approval: I approve of the scope of work and use of the above named funds for this capital project request.

Signature _____ Title: _____ Date: _____

Below For Facilities Internal Use Only:

Project manager assigned to project: _____

Requisition entry: 1. _____ 2. _____

As AVP of Design & Construction, I am aware of the scope and schedule of this project and agree that it can be completed by the department.

AVP: _____ Date: _____

As AVP of Planning & Space Management, I am aware of the scope of this project and have reviewed for space approval.

AVP _____ Date: _____

As VP of Facilities, Planning & Operations, I am aware of the scope and schedule of this project and agree to proceed.

VP: _____ Date: _____

Further Administration Approvals:

Sr. VP of Finance, CFO Funding Availability Verification/Approval:

Sr.VP: _____ Date: _____

President's Recommendation/Approval:

President: _____ Date: _____