

Capital Project Account Request - Board Approved

Date: _____

Project Title: _____

Project Description: _____

Project Location: _____

Fund #		Fund Type	91
Organization #			
Program #	37	Predecessor Fund	700

BUDGET

<u>Acct Description</u>	<u>Acct #</u>	<u>Amount</u>
Supplies	7000	\$ -
Professional Services	7206	\$ -
Licenses/Registration Fees	7210	\$ -
Repairs	7300	\$ -
Land Improvements	7600	\$ -
Buildings	7605	\$ -
Equipment/Software over \$5000	7645	\$ -
Other: (Please itemize)		\$ -
_____	_____	\$ -
_____	_____	\$ -
TOTAL		\$ -

Funding Source: (Must Provide) _____

Responsible Person: _____

Name	Title	Signature
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Project Manager: _____

Name	Title
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Requisition Approver: _____

Name	Title
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Requisition Final Approver: _____

Name	Title
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Requisition Entry: _____

Name	Title
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(maximum 2)

Name	Title
Name	Title

Project Approval: _____

Joe Scully	Sr. VP of Finance/CFO	
Name	Title	Signature

Note: This project will not be established unless a funding source is provided. Any project that is unfunded can only be set up with the approval of Joe Scully. Please send this form via inter-office mail/email to Michelle Prus (prusm29@rowan.edu) - Accounting Services - Bole Administration Building along with the the below listed items (must be included when requesting a new project):

- Detailed Description and Scope of Project
- Project Budget Worksheet
- Monthly Cashflow Projections
- Board Resolution with Approved Project Budget
- Capital Project Questionnaire

Failure to include any of the above items may cause delays in the process of setting up the project