

ROWAN UNIVERSITY
Capital Project Request Approval/Setup Form
For Projects up to \$500K

Originating Office: Facilities Planning & Construction

Project Title: _____

Project Location: _____

Project Description: _____

Justification: _____

Department Head/Dean Authorization: _____

Assigned Capital Account

Fund: _____

Org: _____

Acct: _____

Prog: _____

Bank: _____

Funding Source	FUND#	ORG#	ACCT#	PROG#	AMOUNT
Total of all funding sources					\$ 0.00

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

Signature: _____ Date: _____

Print Name: _____

All capital project requests must include the following:

Detailed Description and Scope of Project

Project Budget Worksheet

Monthly Cashflow Projections

Capital Project Questionnaire

Below For Facilities Internal Use Only:

Project manager assigned to project: _____

Requisition entry (max 2): 1. _____ 2. _____

Requisition approver: _____ Final approver: _____

As AVP of Strategic Projects & University Architect, I am aware of the scope of this project and have reviewed for space approval.

Signature: _____ Date: _____

Print Name: _____

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

Signature: _____ Date: _____

Print Name: _____

Further Administration Approvals – Below for Accounting Services Use Only:

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

Signature: _____ Date: _____

President's Recommendation/Approval:

Signature: _____ Date: _____