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

Originating Office: Information Resources & Technology Project Title: Project Location:					Assigned Capital Account           Fund:				
						Project Description:			
Justification:									
Requestor: Title:					Date:				
Evending Course			ACCT#						
Funding Source	FUND#	ORG#	ACCT#	PROG#	AMOUNT				
Total of all funding sources					\$ 0.00				
Project Budget Worksheet Monthly Cashflow Projections Capital Project Questionnaire Below For IRT Internal Use Only:									
Project manager assigned to project:									
Requisition entry (max 2): 1	2								
quisition approver: Final approver:									
As VP and CIO, I am aware of the scope of this project and ha	ave reviewe	d for spa	ce approv	al.					
Signature: Date:									
Print Name: Mira Lalovic-Hand									
Further Administration Approvals – Below for Accounting S	ervices Use	only:							
Sr. VP of Finance, CFO Funding Availability Verification/Appro	oval:								
Signature:	Date:								
President's Recommendation/Approval:									
Signature:	Date:								