

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

<u>Assigned Capital Account</u> Fund: _____ Org: _____ Acct: _____ Prog: _____
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Originating Office: Information Resources & Technology

Project Title: _____

Project Location: _____

Project Description: _____

Justification: _____

Requestor: _____ Title: _____ Date: _____

Funding Source: _____

Account Name	FUND#	ORG#	ACCT#	PROG#	AMOUNT
Total of all funding sources					\$ 0.00

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 Internal Use Only:

Project manager assigned to project: _____

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

Requisition approver: _____ Final approver: _____

As VP and CIO, Information Resources and Technology, I have reviewed the attached documentation and approve of the capital project request.

Signature: _____ Title: VP and CIO, IRT Date: _____

Print Name: Mira Lalovic-Hand

Further Administration Approvals – Below for Accounting Services Use Only:

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

Sr.VP: _____ Date: _____

President’s Recommendation/Approval:

President: _____ Date: _____