

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

Originating Office: Information Resources & Technology

Project Title: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Justification: \_\_\_\_\_

Assigned Capital Account

Fund: \_\_\_\_\_

Org: \_\_\_\_\_

Acct: \_\_\_\_\_

Prog: \_\_\_\_\_

Bank: \_\_\_\_\_

Requestor: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Source	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 IRT Internal Use Only:**

Project manager assigned to project: \_\_\_\_\_

Requisition entry (max 2): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Requisition approver: \_\_\_\_\_ Final approver: \_\_\_\_\_

As VP and CIO, I am aware of the scope of this project and have reviewed for space approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Mira Lalovic-Hand

**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: \_\_\_\_\_