

ROWAN UNIVERSITY
Capital Budget Closure Form
Facilities, Planning & Operations

ORIGINATING OFFICE: Facilities, Planning & Operations

REASON: project completed project canceled (explain in additional information)

Requested by _____ **Date** _____

Additional Information:

Project Number	Project Name	Remaining Balance (per Banner)	Funding Source(s)

PROJECT MANAGER:

I have reviewed the above mentioned project and agree that project should be closed.

_____ **Date** _____
Project Manager

AVP OF CAPITAL CONSTRUCTION:

I have reviewed the attached documentation, if applicable, and approve project closure.

_____ **Date** _____
Andrew Oakley

ACCOUNTING SERVICES:

I have reviewed the attached documentation and confirmed to Banner.

I have completed the budget closure entry in Banner.

I have completed the funding adjustment entry in Banner.

I have removed the data entry flag in Banner.

I have communicated closure to Facilities Team via email.

_____ **Date** _____
Mary Ann Nisula