

ROWAN UNIVERSITY
Capital Budget Closure Form
Information Resources & Technology

ORIGINATING OFFICE: Information Resources & Technology

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 _____

SVP and CIO:

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

Mira Lalovic-Hand Date _____

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.

Mary Ann Nisula Date _____