

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

ORIGINATING OFFICE: _____

Project Title: _____

Project Location: _____

Project Description: _____

Justification: _____

Requested by _____ **Title** _____ **Date** _____

Assigned Capital Account

Fund: _____

Org: _____

Acct: _____

Prog: _____

DEPARTMENT HEAD/DEAN AUTHORIZATION OF CAPITAL PROJECT/USE OF FUNDS:

☐ I approve of the scope of work and use of the following funds for this capital project request;

Department Head/Dean

Date

Account Name	FUND #	ORG #	ACCT #	PROG #	AMOUNT
					*
					*

**subject to timing and availability of funds*

Below For Internal Use Only:

PROJECT MANAGER ASSIGNED TO PROJECT: _____

REQUISITION ENTRY (MAX 2): 1. _____ 2. _____

☐ I am aware of the scope and schedule of this project and agree that it can be completed by the department.

AVP

Date

Vice President and CIO:

☐ I have reviewed the attached documentation and Approve of the Capital Project request.

Mira Lalovic-Hand

Date

FUNDING AVAILABILITY VERIFICATION/APPROVAL:

Joseph F. Scully, Sr. VP for Finance, CFO

Date

PRESIDENT'S RECOMMENDATION/APPROVAL:

Ali Houshmand, President

Date