

# Detailed Capital Budget Request Form

(To be completed for all individual expenditures/projects \$25,000 or greater in accordance with the Capital Expenditure Policy)

## 1. Project Details

Date Submitted:

Project Name:

Life (years):

Project Originator:

Phone:

(Name): Department:

Location:

Desired project timing: Start Date:

Completion Date:

**2. Project Description/Justification** Include a detailed description of the project and justification. Attach add'l documentation as necessary.

**3. Project Cost Estimate** Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a FacilitiesDepartment Cost Estimate.

Included in Fiscal Year Budget:      YES                      NO                      Amount: \$

<b>Project Cost Estimate:</b>  Total Project Cost: \$	<b>Timing of Project Costs</b>		
	FY		Amount \$
	FY		Amount \$
	FY		Amount \$
	FY		Amount \$
		Total \$	

**4. Project Funding Sources** If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budgetpool, please specify the account number and amount of funding below.

Accounting Unit/Account Number Amount: \$

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**5. Annual Operating Cost Impact** Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

	<u>Annual Increase In Operating Costs</u>	<u>Annual Operating Savings</u>
Maintenance Costs:		
Energy Costs:		
Salary Costs:		
Other:		
Other:		
Total:		

Additional Estimated Revenue to be Generated \$

\*Approval of this form does not indicate approval of increases to any unit's operating budget. Any increase in operating budget must be approved through the normal budgeting process.

**6. Financial Analysis**

(only required on some projects)

Payback Period

Internal Rate of Return

Net Present Value

**7. Authorization** (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

**Signature**

**Printed Name**

**Date**

- CFO
- Vice President /Provost VP
- Facilities (if required) VP
- Info Service (if required)
- President
- Board (>\$3 million)

**8. Finance Use Only**

Date Received

Amount \$

Approved in Activity