

Initial Project Request Form

Date Submitted: _____

1. Project Details

Project Name: _____ Life (years): _____

Project Originator (Name): _____ Phone: _____

Department: _____ Location: _____

Desired project timing: Start Date: _____ Completion Date: _____

2. Brief project description and justification (*Attach supporting documentation if necessary*):

3. Maximum budget allowance:

4. Potential external funding sources, if any (*Attach supporting documentation if necessary*):

5. Management Review of Project

Vice President/Provost Review

Printed Name: _____ Signature: _____ Date: _____

Preliminary Ranking: _____ Additional Comments: _____

Capital Budget Committee Review

Date: _____ Recommended Action: _____

Comments: _____