

Capital Budget Amendment Form

(To be completed if a project is going to exceed its original approval amount in accordance with the Capital Expenditure Policy)

1. Project Details

Project Name:

Project Administrator (Name):

Date Submitted:

Activity:

Original Date Approved:

2. Nature of Change and Cost Details

Nature of Change: Amendment Time Extension

Original Approved Amount: \$

Additional Amount Needed: \$

Revised Total Project Cost: \$

Scheduled Start Date:

New Proposed Start Date:

3. Reason for Amendment Please provide a reason why additional funds or a change in the timing of the project is required. As well as what actions are being taken to minimize the overspending.

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

Signature

Printed Name

Date

Vice President/Provost

CFO

VP Facilities (if required)

VP Info Service (if required)

President

Board (>\$3 Million)

5. Finance Use Only

Date Received

Additional Amount \$

New Total Project Cost: \$

Approved in Activity