

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: