

**REQUEST FOR A NEW CAPITAL FUND**

Use this form to request a Capital Fund for Major Renovation and Construction Projects

**GENERAL INFORMATION**

Your Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Email \_\_\_\_\_  
Phone # \_\_\_\_\_ Date \_\_\_\_\_

**CAPITAL FUND:**

Suggested Fund Name:  
(35 Chars. max) \_\_\_\_\_  
Default Organization Number: \_\_\_\_\_ Location (Building & Rm #): \_\_\_\_\_  
Purpose of Fund: \_\_\_\_\_  
Indicate Funding source: \_\_\_\_\_  
Estimated Project Budget: \_\_\_\_\_ Fund Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

**SIGNING AUTHORITIES:**

**PRIMARY SIGNING AUTHORITY for Fund:**

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____

**ALTERNATE SIGNING AUTHORITY/(IES)**

Include the Faculty Dean, Department Head &/or Unit Director if applicable.

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In the event that the project costs exceed the funding provided, or fundraising goals are not realized, I accept responsibility to provide funding for these costs.**

Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Assigned FOAPAL for Over Expenditures: \_\_\_\_\_

***PLEASE NOTE: Construction and Renovation projects require Campus Planning Office approval***

**FINANCIAL SERVICES USE ONLY**

FUND CODE: \_\_\_\_\_ DATE: \_\_\_\_\_  
FUND TYPE: \_\_\_\_\_ PREDECESSOR: \_\_\_\_\_  
TAX CODE: \_\_\_\_\_ APPROVAL: \_\_\_\_\_

Submit form with appropriate signatures to Capital Accounting, Rm 315 Admin Bldg., FAX 474-7501