

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: _____

FINANCIAL AUTHORITIES:

PRIMARY FINANCIAL AUTHORITY for Fund:

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____

ALTERNATE FINANCIAL 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 474-7501FIN