



“Professionally We Serve,  
Personally We Care”

**PROJECT APPROVAL FORM**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Building Name/Location \_\_\_\_\_ Room No.: \_\_\_\_\_

	<u>Estimated Cost</u>	<u>Actual Cost</u>
1. Construction Contract	\$ _____	\$ _____
2. A&E or CLT Services	\$ _____	\$ _____
3. Contingency	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____

Originating Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Funding Information: Source: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Capitalization Threshold: New Purchase \_\_\_\_\_ Constructed \_\_\_\_\_  
Meets Requirements \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

**Approvals:**

Dept. Head, Dean, Vice President: \_\_\_\_\_

Director of Campus Planning & Development: \_\_\_\_\_

Assistant VP for Planning & Facilities: \_\_\_\_\_

VP for Business and Finance: \_\_\_\_\_

Other: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO CAMPUS PLANNING & DEVELOPMENT AFTER DEPT. HEAD SIGNATURE IS OBTAINED.**