

Project Name: _____

Estimated Project Start Date: _____

Completion Date: _____

Form must be completed for projects over \$100,000

SOURCES OF FUNDS	Original Budget	Budget Estimate Submitted:
PECO	-	_____
Capital Improvement Fee		
Local/Private - Foundation	-	Budget Actual GMP Submitted:
State Funding		_____
Transfers (from other funds)	-	
Other Sources		
TOTAL FUNDS AVAILABLE	\$ -	Budget Adjustment Submitted:
USES OF FUNDS		
Staff Costs		
Total Staff Costs	-	
Expenses		
Architectural & Engineering (A/E)		
Total A/E	-	
Construction Management		
Total Construction Management	-	
Technology Equipment		
Furniture		
Contingency		
Total Furniture/Technology/Other Equipment	-	
TOTAL EXPENSE	\$ -	

Project Approval:

Director, Construction Management

Director, Facilities Planning & Space Management

Chief Information Officer, Technology & Research

Director, Budgets

AVP, Capital Projects, Facility Planning, Maintenance

Senior Vice President of Operations

President