Fund 41 Auxiliary Project Approval Form

Date: ________________

Department: _______________________

Contact name and Phone Number: ____________________________

In addition to the project cost estimate, will Fund 41 physical plant resources be used for this project?

Y or N

Is there money available in the department budget for this project?

Y or N

Is any other area participating in funding the project?

Y or N.

If yes, please list department, amount and contact person. ____________________________

Is this project: (check one)

_____ Part of the annual project list

_____ Emergency

_____ Directed Project (by whom ________________________)

_____ Change Order (Provide original project description and project number) ________________

______________________________________________________________

_____ None of the above

Comments/Additional Information:

Please attach project estimate and any additional back-up and forward to Janice Quakenbush.