

**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.