Plant Funding Request

*Subject:  
Priority: 3-Standard  
Status: Initial  

*Requested Action:  
Provide Cost Center for the existing Project if applicable:  
*Please provide the name of the Project:  

*Please indicate the scope of the Project. Enter II/A for existing projects with no change in scope.  

Please indicate the anticipated timeline of the Project below:  
*Project Start Date  
*Estimated Project Completion Date  
*1. Has this project been approved by the President’s Facility Committee? If no, attach approval.  
*2. What is the estimated Project Budget?  

Please provide the appropriate funding source below:  
*3. Primary Funding Source  
Provide the University funded Cost Center if applicable.  
*4. Secondary Funding Source  
Provide the University funded Cost Center if applicable.  
*5. Third Funding Source  
Provide the University funded Cost Center is applicable.  
6. If decreasing a budget or closing a project, transfer remaining funds to University Cost Center?  

***For Accounting Operations & Systems Administration Only***  
Cost Center Owner:  
Cost Center Manager:  
Cost Center Alternate:  
Department:  
Fund Code:  
Function Code:  
Project ID:  
Activity:  
Assigned Cost Center Number: