NORTHWEST
MISSOURI STATE UNIVERSITY

Capital Programs
Office: 660.562.1079

PROJECT REQUEST TYPE:

- ☐ Safety Concern
- ☐ Commodity Purchase Only
- ☐ Branding Only
- ☐ Maintenance/Repair
- ☐ Remodel/Renovation
- ☐ New Construction
- ☐ Other:_____

ANNUAL CAPITAL PROJECT REQUEST FORM for FY23

If approved, FY23 projects will be scheduled no earlier than Fall of 2022.

INSTRUCTIONS:

1) Please complete all fields.
2) Signatures are required in the "Authorization" section below prior to submitting to Capital Programs.
3) Please send the completed Project Request Form to Terri Carmichael, Capital Programs Coordinator, Facility Services Building.
4) Forms must be submitted no later than **November 30, 202** to be considered for FY23.

REQUEST DETAILS

REQUEST DATE:	REQUESTED DELIVERY/COMPLETION: Commodity must be received by (M/D/Y): _____ Project must be completed by (M/D/Y): _____
REQUESTOR NAME: cc:	
DEPARTMENT NAME:	INFORMATION ATTACHED FROM REQUESTOR: (check all that apply) ☐ QUOTE ☐ DRAWING/SKETCH ☐ SPECIFICATIONS ☐ OTHER: _____ ☐ THIS REQUEST INCLUDES BRANDING
REQUESTOR EMAIL:	
REQUESTOR PHONE NO.:	
PROJECT LOCATION: (BLDG/ROOM #/AREA)	

PROJECT DESCRIPTION

JUSTIFICATION

Estimated annual impact of this request on the annual operating budget: $_____

If this request is revenue generating and/or cost savings in nature, cost/benefit or return on investment/annual payback calculations may be necessary.

Comments:

AUTHORIZATION

_____ _____ Requestor – (Printed Name & Signature) Date	Available Funds: ☐ Yes or ☐ No If Yes, $_____
_____ _____ Associate Provost/Department Head – (Printed Name & Signature) Date	Source of Funds: _____ _____
_____ _____ NLT Member – (Printed Name & Signature) Date	FOAP: _____ _____

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