PROJECT COSTS

Austin Peay State University
CLARKSVILLE TENNESSEE
Physical Plant

DATE: _____

PROJECT NAME: _____ **PROJECT NUMBER:** _____

PROJECT MANAGER: _____ **PHONE:** _____ **EMAIL:** _____

REQUESTOR: _____ **PHONE:** _____

DEPARTMENT: _____ **EMAIL:** _____

PROJECTED TIMELINE: _____

PROJECT SCOPE:

COST ESTIMATE:

Project Cost: _____

Contingency: _____

TOTAL COST ESTIMATE: _____ *Cost estimate may not be reliable after 30 days

FOAP: _____ **GRANT FUNDING:** _____

APPROVALS

Note: Funding must be available in order to begin project; adjustments to scope will be documented by Change Order and subject to funding. Signature gives authority and approval to utilize funds from funding source to finance this project.

	SIGNATURE	PRINTED NAME	DATE
Requestor			
Dept. Chair/Supervisor			
Dean/Vice President*			

** Projects >$25,000 require approval of the responsible department Dean or Vice President*

(PHYSICAL PLANT USE ONLY)	SIGNATURE	PRINTED NAME	DATE
Director of Physical Plant			
Director of Capital Planning			