

UNIVERSITY OF NEW MEXICO

TRANSFER TO PLANT FORM

PROJECT TITLE _____
 BRIEF DESCRIPTION _____

 REQUESTING DEPT _____
 CONTACT NAME _____
 EMAIL _____

DATE _____
 ORIGINAL _____
 REVISION _____

 JV # _____

SOURCE FUNDING:

<u>INDEX #</u>	<u>DESCRIPTION (see [1] below)</u>	<u>Plant Fund Index #</u>	<u>AMOUNT</u>	<u>AUTH SIGNATURE & PRINTED NAME</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[1] If applicable, include agency name, restrictions, costshare, start/end dates, etc. (Attach add'l sheet if needed.)

FUNDING TOTAL: _____

Justification _____

Timeframe _____

Reversion Date _____

OPERATIONS & MAINTENANCE COST PLAN: _____

APPROVALS TO PROCEED:

<u>SIGNATURE</u>	<u>PRINTED NAME</u>	<u>DATE</u>
_____	Dean, Director or Chair	_____
_____	Joseph Wrobel	_____
_____	Chief Budget & Facilities Officer	_____
_____	HSC Sr Exec Officer for Finance and Adm	_____

Signed form must be processed and received by the Budget Office.

SUBMIT COMPLETED FORM TO: Phillip Smith, HSC Budget Office, PLSmith@salud.unm.edu