

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 &amp; 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	_____
_____	Ava J. Lovell	_____
_____	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**