

Project Funding Request

AiM Number:	Project Number:		
Project Name:			
New	Increase	Decrease	Close
Budget: (Curre	nt) (Change)	(Revised Budget)
Fund Source:	Project Manager:		
		Major Projec C&R Project	
Requested By: Departmen	t Signature	Managed By:	ject Manager Signature
Funding Approval:	Accounting Services Representa	tive	
Approved By:	Maintenance Director, Capital F	Projects Director, or Utility Servi	ices Director (or designee)
Project Approval:	Chief Facilities Officer		