

SONOMASTATE UNIVERSITY

FACILITIES PROJECT CF REQUEST FORM

Please submit completed form to budget@sonoma.edu. with any pertinent backup.

Project Name:

Project Budget:

Project Manager:

Start Date:

End Date:

Provide a brief description of the project:

Type (Please select one):

Routine Maintenance

New Construction or Equipment (If yes, answer #1, #2 & #3)

Deferred Maintenance (If yes, answer #1, #2 & #3)

Additional Information

Yes	No	
1		Is the value of the new asset of higher quality or value?
2		Does this extend the useful life or increase the value of the asset?
3		Does this improve, alter or better the asset?

BUDGET USE ONLY

Routine Maintenance

Fund Name/Number:

NRMR

CPDC code:

Capital Improvement/New

Funding Source*:

* If allocation order, include with CFR

ACCOUNTING USE ONLY

Capitalized (4XXXX)

Project #:

660061(Y/N)

660062(Y/N)

Non-Capitalized (6XXXX)

660064(Y/N)

660065(Y/N)

607XXX(Y/N)