

Approval and Authorization Sheet

Capital Budget Plan

Project Title	_____
Project No.	_____
Department / Unit	_____
Submission Date	_____
Fiscal Year	_____
Total Budget Requested	_____
Brief Project Description	
Expected Benefits / Justification	

Prepared By:

Name & Title

Date

Reviewed By:

Name & Title

Date

Financial Approval:

Name & Title

Date

Final Authorization:

Name & Title

Date

Important Notes

- This form must be completed for all new or additional capital budget requests.
- Ensure all required fields are filled accurately and supporting documentation is attached.
- Signatures from all relevant authorities are mandatory for the budget plan to proceed.
- Keep a copy of this sheet for your department's records.

- Incomplete forms may result in delays or non-approval of the capital request.