LOYOLA UNIVERSITY CHICAGO

ITS Project Funding Request

Project Information			
Project Name		Date Submitted	
Project Originator / Contact Name		Phone	
Department		Location	
Desired Start Date		Expected Completion Date	

2. Project Description/Justification Attach additional documentation as necessary.

3. Project Funding Summary (Include a detailed financial projection by fiscal year. Attach additional documentation as necessary).

		To be completed by Budget Team	
Spending Type	**Amount Requested**	**Funding Source *(Operating Budget[A] or Capital Budget[B])***	**Assigned Accounting Unit (Either 1XXXXX[A] or 160XXX[B])**
Upfront / Implementation Costs including equipment and other fixed assets (servers, hardware, etc.)			
New Recurring Operating Costs (Annual)			
Total	0.00		

4. Authorization (Indicates spending on project can begin)

Role	Name	Signature	Date
Vice President, Chief Information Officer			
Provost / Vice President			
Facilities (if needed)			
Finance			
Budgeting			

5. Finance Use Only

Revised November 12, 2024