LOYOLA UNIVERSITY CHICAGO

Detailed Capital Budget Request Form

(To be completed for all individual expenditures/projects $25,000 or greater in accordance with the Capital Expenditure Policy)
(All purchases funded by an approved capital budget request are subject to the University's Purchasing Policy.)

Date Submitted: _____

1. Project Details

Project Name: _____ Life (years): _____

Project Originator: _____ Phone: _____

(Name): Department: _____ Location: _____

Desired project timing: Start Date: _____ Completion Date: _____

2. Project Description/Justification

Include a detailed description of the project and justification. Attach addt'l documentation as necessary.

3. Project Cost Estimate

Attach detailed breakdown of costs. If the project relates to construction/remodeling, please attach a FacilitiesDepartment Cost Estimate.

Included in Fiscal Year Budget: ☐ YES ☐ NO Amount: $ 0.00

Project Cost Estimate:

Total Project Cost: $ 0.00

Timing of Project Costs

FY		Amount $	
FY		Amount $	
FY		Amount $	
FY		Amount $	
		Total $	0.00

4. Project Funding Sources If the project is going to be funded/partially funded by a specific grant/gift account rather than the capital budgetpool, please specify the account number and amount of funding below.

Accounting Unit/Account Number _____ Amount: $ _____

Accounting Unit/Account Number _____ Amount: $ _____

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5. Annual Operating Cost Impact Provide cost estimates relating to the annual impact of this project on the operating budget. For example, estimate increased maintenance or energy costs associated with new facilities. If this project is related to a new or expanded program, provide cost data, including costs for increased staff. Estimate the annual savings to the operating budget such as reduced energy costs associated with an energy conservation project or reduced staff associated with an IT project. Also estimate the increased revenue to be generated, if any.

		Annual Increase In Operating Costs	Annual Operating Savings
Maintenance Costs:			
Energy Costs:			
Salary Costs:			
Other:			
Other:			
Total:			

Additional Estimated Revenue to be Generated $ _____

*Approval of this form does not indicate approval of increases to any unit's operating budget. Any increase in operating budget must be approved through the normal budgeting process.

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6. Financial Analysis
(only required on some projects)

Payback Period _____

Internal Rate of Return _____

Net Present Value _____

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7. Authorization (Indicates spending on project can begin. Refer to section A5 of the Capital Expense Policy)

	Signature	Printed Name	Date
CFO			
Vice President /Provost VP			
Facilities (if required) VP			
Info Service (if required)			
President			
Board			

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8. Finance Use Only

Date Received Amount $ Approved in Activity