

# Ignite Capital Project Setup Form

## REQUESTOR INFORMATION

Requestor Name:

Date:

Controlling Department Name (should be the Project Manager's department)

Ignite Department #

## FACILITIES PROJECT INFORMATION

Project Name:

Location (w/room # if applicable)

Detailed Project Description (including square footage impacts):

+ 60 days =

Start Date:

Estimated Completed Date:

Budget Amount:

Project Manager:

**Identify the FUNDING SOURCE(S) below. If more than one source is used, define the amount per source.**

Amount	Entity	Department	Fund	Designation	Account	Purpose	Activity

## PPM PROJECT INFORMATION – Completed by Capital Asset Accountant Only

Project #

Task

Designation

- Capitalize
- Multiple Steps

- Management Oversight
- Exceeds \$25,000

- Multiple Funding Sources
- Bulk Furniture/Technology \$100,000+

Reviewed/Setup By:

Date: