

Change Request for an Ignite Capital Project

Budget Change

End Date Change

Project Detail Change

Project #

Task

Designation

REQUESTOR INFORMATION

Requestor Name:

Date:

Controlling Department Name

Ignite Department #

FACILITIES PROJECT INFORMATION

Project Name:

Description of change:

+ 60 days =

Current Completion Date

New Estimated Completion Date:

Project End Date

Current Budget Amount:

Additional Funding Added:

New Total Project Budget:

Project Manager:

Identify additional FUNDING SOURCE(s). 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

Reviewed/Setup By:

Date:

Complete form and [submit Budget Change requests to: Tracey_Greene@baylor.edu](mailto:Tracey_Greene@baylor.edu),
submit all other changes to: Dawn_Hand@baylor.edu for review.