



LOYOLA
UNIVERSITY
CHICAGO

Preparing people to lead extraordinary lives

Detailed Capital Budget Request Form

(To be completed for all individual expenditures/projects > \$25,000 in accordance with the Capital Expenditure Policy)

1. Project Details

Date Submitted: _____

Project Name: _____

Life (years): _____

Project Originator (Name): _____

Phone: _____

Department: _____

Location: _____

Desired project timing: _____

Start Date: _____

Completion Date: _____

2. Project Description/Justification

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

3. Project Cost Estimate

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

Included in Fiscal Year Budget: ☐ YES

☐ NO

Amount: \$

Project Cost Estimate:

Total Project Cost: \$

Timing of Project Costs

FY		Amount \$	
FY		Amount \$	
FY		Amount \$	
FY		Amount \$	
		Total \$	

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

Accounting Unit/Account Number

Amount: \$

Accounting Unit/Account Number

Amount: \$

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.

6. Financial Analysis

(only required on some projects)

Payback Period

Internal Rate of Return

Net Present Value

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 (>\$3 Million)

8. Finance Use Only

Date Received _____

Amount: \$ _____

Approved in Activity _____