University of San Francisco | Accounting & Business Services

Project Fund Request Checklist

Project Name				
Brief Project Description				
Estimated Project Duration	_			
Start Date:		End Date:		
Requestor		Department		
Project Approved By		Department		
Assistant/Associate VP (signature or e	mail)			
VP of Business & Finance (signature o	r email)			
Funding Source (if known)	Preliminary Amount	Preliminary Budget		Preliminary Amount
Operating		USF Project Ma	anagement	
Restricted		Outside Project Management		
Gifts (campaign, donors)		Design Costs		
Grants		Construction Costs		
Other		Furniture, Fixtures & Equipment		
		Furniture, Fixtu	ires & Equipment	
Total	-	Furniture, Fixtu	ures & Equipment Total	-
Total If funding is unknown, who approve performed?		Furniture, Fixtu		-
If funding is unknown, who approve	d the work to be	E USE ONLY		-
If funding is unknown, who approve	d the work to be	E USE ONLY		Default Program
If funding is unknown, who approve performed?	od the work to be	E USE ONLY	Total	Default Program
If funding is unknown, who approve performed?	od the work to be	E USE ONLY	Total Default Org	Default Program