

**New Jersey City University
Capital Request Form**

Capital Purchase or Project Request Date: _____

Requestor Name: _____

Department Name: _____

Cost Estimate: _____

Desired Start Date: _____

Desired Completion Date: _____

Describe the capital purchase or project scope in detail (include building, floor, etc.) _____

Vice President Signature: _____ Date: _____

(Divisional VP supports the initiatives outlined in this request)

Note: Forward to Facilities or IT for cost estimate validation.