

TRU Five Year Capital Plan
Project Submission Form

Contact Person _____ Date _____

Geographic Location _____

Building/Other Location _____

Project Title (if known) _____

Project Description _____

(If more space required, additional documentation may be attached)

Supporting Comments _____

(If more space required, additional documentation may be attached)

Space Requirements: Existing _____ New _____

Equipment Requirements _____

Capital Driver Category:

A. Maintenance

1. Maintenance/Repair _____

2. Renovation _____

B. Non-Maintenance

1. Replacement _____

2. Expansion _____

Space Utilization Improvements: Yes _____ No _____

FTE Increase: Yes _____ No _____ If Yes, indicate how many _____

Estimated Cost of Project (if known) \$ _____

Vice President's Concurrence with Project * _____ Date _____

(Signature)

* Vice President's signature must be obtained prior to submission being received by Capital Planning & Project Department

After form is completed please forward to
Phil Hanmer, Manager, Capital Planning & Projects