



Project Expenditure Request (P.E.R.)

CIP#: _____

PER#: _____

Department Name: _____ Cost Center: _____

Project Description: _____

Projected Start Date: _____ Projected Completion Date: _____

Project Budget

	Item/Vendor	Amount	Total
Capital			
Building Improvements			
Design (Architect or Engineer)			
Permits (City or State)			
Vendor 1			
Vendor 2			
Vendor 3			
Equipment/Furnishings			
Vendor 1			
Vendor 2			
Vendor 3			
Software Development / Computers			
Labor Allocation			
Contingency (10%)			
Expense			
Equipment/Computers			
Movers			
Painting			
Re-Landscaping			
Training			
Planning & Development (Not S/W)			
Data Conversion			
Total Project Budget			

Reviewed and Approved By:

Dept. Mgr: _____

Date: _____

Source of Funding & Approvals:

Capital Budget: _____ Fixed Asset Accountant: _____

Grant Activity # _____ Fund Accountant: _____

Development: _____

Other (specify): _____

CFO: _____

Date: _____

Change orders are required if the revised cost exceeds \$1,000.00.

Revised Total Project Cost: \$ _____

Approved By: CFO: _____

Date: _____