



SPRING HILL
COLLEGE

FACILITIES OPERATIONS

PROJECT APPROVAL FORM

Project Name:	CIP#:
Funds Available: \$	
Desired Completion Date:	
Departmental VP (Monetary Authority):	
Requested by:	
Account Number:	
Professional Service Provider (Architect/Engineer):	

My signature indicates that I have reviewed the documents listed below and approve proceeding with the project.

- 1) Written scope of work (Attachment A) and/or Drawings (sample Attachment B)
- 2) Project schedule (To be determined)
- 3) Additional comments or concerns, if any (attach)

Signatures

Date

Requesting Party: _____

Departmental VP: _____

VP Finance: _____
