

THE JOHNS HOPKINS PROJECT REQUEST FORM

Routing and Completion Instructions on last page of Form! **Required Data Elements: Field Name is Bolded**

SECTION 1 – PROJECT REQUESTOR/ SCOPE:			
Requestor:	Tel. No.:	Fax:	Request Date:
Div/Department /Functional Unit (Applicant)		▼	
Campus Address:		Email:	
Requesting Cost Center Number and Name (paying for project):			
Project Location/ Bldg.	Floor:	Room(s)	
Project Description/Scope/Justification: (Describe in the space below what you would like to have done. Describe the reason for the change well as the last changes to this area.) <input type="checkbox"/> ESTIMATE ONLY			
Schedule: Requested Project Start _____ Finish _____ Relocations required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 2 - ASSETS			
Describe Asset to be purchased:			
Approximate Age of Asset being replaced:		Capital Asset: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Value of Asset:		Anticipated Date asset is to be in service:	
SECTION 3 – FINANCIAL S			
Proposed project total cost:		Current \$ authority:	
Funding: Business Area:	Fund Number:	Fund Name:	Amount (\$\$):
▼			
Business Area:			
▼			
<i>If more than two funding sources, please add information in this box.</i>			
Project Type:		Plant: <input type="checkbox"/> JHU 1099 <input type="checkbox"/> JHHS 2099	
▼			
** Please attach any supporting information, documents, schematics, etc. to this request. **			
SECTION 4 - APPROVALS			
Signature:	Print Name/Title:	Date:	
Signature:	Print Name/Title:	Date:	
Signature:	Print Name/Title:	Date:	
SECTION – 5 TO BE COMPLETED BY JH FACILITIES/ INFORMATION TECHNOLOGY			
Project # / Level 1 WBS # :			
Project Name/ Description (limit to 40 characters):			
Person Responsible (Project Manager):	Tel. #.:	Fax:	Email:
Name:			
Responsible Cost Center [PM Home CC]:			
Confidential: <input type="checkbox"/>	Restricted notification list:		

