UNIVERSITY OF KENTUCKY

PROJECT ESTABLISHMENT FORM

1. PROJECT INFORMATION					
Project Title Projects \$600,000 or more must use the title of authorized project as stated in Budget Bill					
Start Date Enc			Building Name	Bldg. #	
Business Area Responsible Person					
Functional Area Responsible Cost Center					
Department Number Requesting Cost Center					
Work to be performed. (Explain scope of work such as move walls, doors, lights, utilities, paint, floor covering, etc.)					
Will this change the classification of space? (i.e. classroom to office)					
No Yes If yes, please explain:					
Is this an upgrade compared to the function of the existing item/structure?					
No Yes If yes, please explain:					
Justification of request. (Explain need for change)					
Legislative Authority. If applicable, provide supporting documentation.					
2. ESTIMATE/FUNDING INFORMATION					
	Estimator/Project Mgr.	Phone	Estimate/Project #	Est. Amount/Scope	Amount Funded
Campus Physical Plant					
Capital Project Management					
Communications					
Med Center Physical Plant Vendor/Ag FM/Other					
venuor/Ag rivi/Other					<u> </u>
			Project Total		
Approvals:					
Department Head Dea		Dean/Unit	Head	Sr. Vice President/Provost	
3. WBS ELEMENT INFORMATION (General Accounting Use Only)					
Project Definition	WBS Eleme	nt		Project Profile <u>UK C</u>	Capital Projects
Project Name					
Business Area			Functional Area		
Project Purpose Source Code		e			
Department Project Status				0	
Construction in Process IP Fund Number		nber		Mission Supported	
			Start Data		
Responsible Cost Center Requesting Cost Center			Start Date End Date		
La stalastica Accela antes					
	Board Date				
Project Fund Number					
Approved		Keve	d	Verified	
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