

JACKSONVILLE STATE UNIVERSITY

CAPITAL OUTLAY
PROJECT

TO: President Jacksonville State University
Jacksonville, AL 36265

Date: _____

FROM: _____
(Requesting organization)

Request a capital outlay project be approved for _____

(Project Name)

This project is for (describe fully)

Requested by: _____ Date: _____

Recommend Approval: _____ Date: _____

President's Approval: _____ Date: _____

TO: Vice President, Administrative and Business Affairs, for processing:

Account Number: _____

Budget Number: _____