



Office of Budget & Planning
REQUEST FOR NEW PROJECT
Fiscal Year:

New Project Name:

Project Manager:

DEPT ID	PROJECT ID	START DATE	END DATE	CAMPUS (K = Kennesaw, M = Marietta, B = Both)	BUDGET AMOUNT
				Please Select	

Source of funding:

Please describe the types of expenses you anticipate (i.e. travel, supplies, etc.):

*Note: If the project budget is more than \$0, please provide a budget amendment detailing the budget amounts. The project budget amendment form can be found on the Budget & Planning website. Also note that, unless an exception has been granted, Personal Services are not to be charged to projects.

Approval Signatures

Requestor: _____ Date: _____
 Dept Head: _____ Date: _____
 Dean: _____ Date: _____
 Vice President: _____ Date: _____

Budget Office Use Only

FUND	DEPARTMENT	PROGRAM		CLASS	ACCOUNT(S)	
		Rev	Approp		Rev	Approp

Detail Code: _____
 Speedtype: _____
 Speedchart: _____
 Processed by: _____ Date: _____

Project _____ Concur
 ST/SC _____ Sync
 Budget _____ Email