



**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
REQUEST TO ESTABLISH UNIVERSITY PLANT FUND
(Capital Projects)**

To be completed by	THE USER UNIT	
FUNDING SOURCE		
Index # _____	Index Title _____	
Amount to be transferred to plant fund \$ _____		
Project Description/Location _____		
Approval _____ (User Unit's Fiscal Representative)		

To be completed by	FACILITIES PLANNING & CONSTRUCTION/PHYSICAL PLANT	
<input type="checkbox"/> Replacement/Renewal	<input type="checkbox"/> Capital Improvement	
Plant Fund Title _____		
Plant Fund Amount _____		
Plant Fund Officer _____		

Attachments:	
<input type="checkbox"/> Approved Project Budget Sheet	<input type="checkbox"/> Duration of Project _____
<input type="checkbox"/> Project Description/Intended Use _____	
<input type="checkbox"/> Project's Physical Location (Campus, bldg, floor, room) _____	
<input type="checkbox"/> Other _____	

To be completed by	UNIVERSITY'S PLANT FUND UNIT	
Plant Fund Index # _____ has been established based on the above information.		
Approval _____ (University Plant Fund Manager)	Date _____	