



DEPARTMENT OF CONTRACT MANAGEMENT

TO: Capital Construction Budgets
and Controls

REQUEST NUMBER _____

FROM: Contract Management

DATE REQUESTED _____

SUBJECT: **AVAILABILITY OF FUNDS**

SCHOOL _____

PROJECT NUMBER _____

DESCRIPTION _____

FUND	OBJECT	LOCATION	PROGRAM	FUNCTION

There are inadequate funds in this structure for the purpose indicated below:

	CHANGE ORDERS NUMBERED	\$
	ADDITIONAL SERVICES NUMBERED	
	TRSC/UBCI/EFCO	
	INVOICE(S)	
	OTHER:	
	TOTAL	\$

RESPONSE

TO: Contract Management

DATE OF RESPONSE _____

FROM: Capital Construction Budgets
and Controls

On _____, \$ _____ for the above mentioned project were transferred to:
(Date) *(Amount)*

FUND	OBJECT	LOCATION	PROGRAM	FUNCTION

cc: Capital Construction Budgets and Controls
 Capital Construction Budgets and Controls - Return to Contract Management with response
 Office of Capital Construction Projects
 Project File
 Control File