## **Facilities Upgrade CapEx Request**

Requested By	
Department	
Date	
Project Title	
Project Description	
1 Toject Description	
Justification / Business Need	
Estimated Cost	
Funding Source	
Expected Benefits	
Expedica Deficitio	
Risks / Impacts if Not Approved	
Target Completion Date	
Driority	
Priority	▼
Additional Notes	_