



Creation / Extension of Project

Date : _____
College : _____
Department/Division : _____
Location : _____
Researcher(s) Name and contact : _____

Check Box	Yes	No	No. of Pages attached
i. Contract	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. Budget	<input type="checkbox"/>	<input type="checkbox"/>	_____
iii. Reporting Document	<input type="checkbox"/>	<input type="checkbox"/>	_____
iv. Contact Details — Donor			

Name

Email Address

Phone Contact

v. Any other document(s)

☐☐

vi. Project Start Date : _____ Project End Date : _____

vii. Total Value of Project : _____ Currency : _____

viii. Proposed Project Name: _____

For Extension

Project Code: _____

Extension Date: _____

Value of Project: _____

(Please attach a new budget if value has increased)

Authorization from College/Division

Requesting Staff Name: _____ Sign: _____

Contact: _____ Date: _____

HOD/Supervisor/Coordinator Name: _____ Sign: _____

Director / Dean Sign : _____ Date: _____

Finance Use Only

Project Code : _____

Activity Code: _____

Project Code Description: _____

Name: _____

Sign: _____

Date: _____