ROGER WILLIAMS UNIVERSITY
CAPEX: FACILITIES
Items $3,000 or greater ONLY

DATE: _____

DEPARTMENT / SCHOOL: _____

DEPARTMENT / UNIT GL#: _____

REQUESTED BY (Print Name): _____

BUILDING OR CAMPUS IMPROVEMENT / REPAIR:

DESCRIPTION:	RATIONALE	COST
	TOTAL:	

CAPITAL PROJECTS:

DESCRIPTION:	RATIONALE	COST
	TOTAL:	