

PROJECT REQUEST

TO: ID-FMB-P

REF: NJDMAVA Departmental Directive 600.1

SECTION 1 (REQUESTER'S USE)			FACILITY CODE		CONTROL NUMBER (ID-FMB-P ONLY)		
LOCATION			FACILITY			REQUESTED BY	
Attachment(s)		Self Help <input type="checkbox"/>	Date			Telephone ()	
Other <input type="checkbox"/>		PROJECT TO INCLUDE			OPERATING COST/YEAR		REVENUE/YEAR
Drawing(s) <input type="checkbox"/>		Land <input type="checkbox"/>		Utilities	\$	Federal	\$
Letter(s) <input type="checkbox"/>		Right of Way <input type="checkbox"/>		Supplies	\$	State	\$
List(s) <input type="checkbox"/>		Site Utilities <input type="checkbox"/>		Maintenance	\$	Rental	\$
Memo(s) <input type="checkbox"/>		Furniture <input type="checkbox"/>		Personnel-List		Bond	\$
Quote(s) <input type="checkbox"/>		Equipment-List <input type="checkbox"/>		Title, Quantity		Other -	
Report-List <input type="checkbox"/>		Other <input type="checkbox"/>		And Salary	\$	List	\$
Other <input type="checkbox"/>							
IMPACT IF NOT FUNDED							
DETAILED DESCRIPTION							
JUSTIFICATION							
SECTION 2 REGIONAL SUPERVISOR		Recommended <input type="checkbox"/>	Date		Initials		
		Not Recommended <input type="checkbox"/>					
Remarks							
SECTION 3 FACILITY COMMITTEE		Recommended <input type="checkbox"/>	Date		Priority		
		Not Recommended <input type="checkbox"/>					
Remarks							
SECTION 4 OPERATIONS/PLANNING		Recommended <input type="checkbox"/>	Date		Initials		
		Not Recommended <input type="checkbox"/>					
ROUTING	SYMBOL	DATE	INITIALS	REMARKS			
1							
2							
3							
RETURN	ID-FMB-OM			Capital <input type="checkbox"/>	Non-Capital <input type="checkbox"/>	420 <input type="checkbox"/>	1390/91 <input type="checkbox"/>
Funding Source	Account Number	FY	%	Amount	ID-CMB Work Plan FY		
CFMO					Budget FY		
STATE					Work Order #		
BOND					Permit #		
Other (list)					Contractor -		