

# Project Deferment Exception Form



Project Name \_\_\_\_\_ TMA # \_\_\_\_\_

Department Name \_\_\_\_\_

Division Name, if applicable \_\_\_\_\_

Project Contact / Requestor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Project Description**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

**Fund Type**

- HEAF
- LOCAL
- GRANT
- OTHER \_\_\_\_\_

Additional expenditures by department such as equipment, furniture, etc. to support the project

Amount	Description	Fund Type

**Signatures**

	Printed Name	Signature
Chair / Director		
Dept Head / Dean		
VP		
Cabinet		