						CDC	Ref. No.	С					
						VERSITY O						(input the suffix only if applicable)	
	Description of the Work Requi					BUDGET AI			FORM			1	
	Location :]	
,	Building Name Building Code Floor Room Works Description : (Supplement with separate sheet if space below is not enough)												
(2a)]	Date Facility Required:		(2b) Date for Work to Commence:										
(3a) .	Applicant (User):	(3b) Endorsen	-	-									
	Name in Block Letters Department/Unit /College					- Na	S1 ma in Block	gnatu Lotte	ire				
	Telephone No.												
									ge				
(3 c)	Proposed Funding Source(s):												
	Company Code Account Code Cost Centre/ Project				Support %	Funding Typ Block Grant Fun	e (Please tick as						
	1.		Hojeet			Block Grant Funding Self-financed Fund		r r unding					
	2. C001/ or 59003												
	3. Decise specify Please	e specify											
-	4 Total should				100%								
Ľ		De 100%											
· /	Order of Estimated Cost: to be completed by Campus D	evelopment	(5 Office)	,		by Funding Ac d by Budget Ho		tted	by Finance C	Office)			
ſ	Cost Items	Amount	(\$) C	ompany Code	Account Code	Cost Centre/ Project	BG Fundin Amount (\$	ng	Self-financed Funding Amount (\$)	Budget Holder's Signature		Confirmation by Finance esponsible Funding Unit)	
	1. Building Works											()	
	2. Electrical Works											()	
	3. Mechanical Works											()	
	4. Others											()	
	5. Fixed Asset											()	
	6. Contingencies											()	
	Sub-total :	-					-		-				
	7. Commission Free (590192)				590192							()	
	7. Services Fee (390192) (2643002) Self-financed funding				590152							()	
	(590152)				570152							()	
	Total :	(a) = (b) +				Total :	- (b)		-				
]	(a) = (b) + (c) 4b) CDO Staff Involved: (PIC is the person in-charge for enquiries) Name Designation 1. PIC:						(b) (c) Tender/Quotation Reference: <u>Works Trade</u> <u>Tender/Quotation No.</u> <u>Contractor</u> Building Works						
	2					Electrical							
	3					Mechanic	Mechanical Works						
4						Others	_						
Si	gnature Director o	f Campus Dev	elopment (I	D/CD)									
	Date												
F	ile Ref.												
(6)	Approval of Funding and Expe		Financa	Office (For total an	10000 voint > \$10,000)						
Si		nditure by	r manee v										
Notes	gnature					Date							
	gnature												

4. With the completion of estimated cost in item (4a) and relevant information in item (4b) by CDO, this BAF will be signed by D/CD or his delegates in item (4b) and sent to the applicant (user) for completion of Funding Account(s) in item (5) and endorsement by the budget holder. For total amount not exceeding \$10,000, there is no need to process through step (6).
FORM NO. : FM-CAPA-BAF-R01(20180809)