



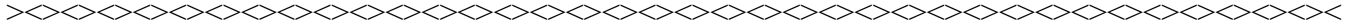
Jersey City, New Jersey 07305-1597

CAPITAL PROJECT CONVERSION FORM
PLEASE PRINT ALL INFORMATION

Today's Date _____ **Project Location** _____

Project Name _____ **Project No.** _____

Placed into Service Date _____



Total Estimated Project Cost: _____

†Total Actual Project Cost: _____

†NOTE: A DETAIL LIST, SHOWING INVOICE NUMBER, VENDOR NAME, PROJECT OR GRANT NUMBER AND AMOUNT, OF PROJECT COSTS SHOULD BE ATTACHED TO THIS FORM FOR RECONCILIATION PURPOSES.

***Supervisor's Authorization** _____ **Date** _____

***MUST BE AUTHORIZED BY DEPARTMENT HEAD**

CONTROLLER'S OFFICE (FIXED ASSETS GROUP) HEPBURN 106H

CONTROLLER'S OFFICE USE ONLY

TRANSFERRED BY _____ **DATE** _____

TRANSFER FROM C.I.P ACCT# _____ **TO** _____