CAPITAL IMPROVEMENTS FINAL APPROVAL REQUEST

CAMPUS VIEW CONDOMINIUMS

NAME:			UNIT NO.:				
ADDRESS:				DATE: _			
DATE OF PROJECT COMPLETION 1	DESCRIPTION OF I			<u>VENDOR</u>	DEPRE <u>LIFE</u> *	C. REQUEST \$	COST APPROV.*
2						\$	\$
						\$	\$
						\$	\$
5						\$	\$
_				TOTALS		\$	\$
*To be assigned by	the University from the	depreciation sched	lule.				
Date of Advance Approval Request:explain why advance approval was not obtained.)			(If none, please complete the Advance Approval Request and				
SUBMITTED BY:							
HOMEOWNER SIGNA	TURE	DATE	HOMEOWNE	R SIGNATURE	D	ATE	
APPROVED BY:							
PEPPER DINE LINIVER	SITY	DATE					

INSTRUCTIONS

- 1. Attach legible copies of all vendor receipts and proof of payment.
- 2. Submit **ORIGINAL** of the form, receipts, and proof of payment to the Real Estate Operations Office x4109.
- 3. The University will approve, sign, and send a copy to the Homeowner.
- 4. The original will be recorded in the condo price program and filed in the Real Estate Operations Office.