

Sacramento Valley Live Steamers Railroad Museum, Inc.
FACILITIES CHANGE REQUEST (FCR)

Fill out in duplicate one copy to Treasurer and one to Vice President

Originator: _____

Request Date: _____

Request No. _____

Date of Completion: _____

P.O. #'s _____

Project

Description: _____

List of

Material: _____

Outside Funding

Sources: _____

Project Coordinator: _____

Estimated Man Hours to complete: _____

Total Estimated Cost: \$ _____

Outside Funded Amount: \$ _____

Club Funded Amount: \$ _____

Final Cost at Completion: \$ _____

Long range planning review: Status: _____ Time Line: _____

Officer Approval (up to \$50): Initial _____ Date: _____

Board Approval (up to \$800) Date: _____

Membership Approval (over \$800): Date: _____

FCR form: 4/15/05