**To: MD & C.E.O DATE:**

 **Approval request of Change in Capital Budget**

|  |  |
| --- | --- |
| Department |  |
| Job code & description |  |
| New Description (*in case of newly added item or description change*)  |  |
| Approved yearly budget as of now(A) |  |
| Required additional budget (B)(*mention Job code also from which Budget is to be transferred in case of transfer*) |  |
| Required yearly budget (A)+(B) |  |
| Reason of request |  |
| To be approved by |  |

 HOD DGM-Projects ED / WTD\*

 MD & CEO

The original copy should be returned to requesting department and one photo copy should be passed to FAC to input the budget into the system.

\*Note : For Marketing –ED-Marketing

 R&D WTD-R&D

 Finance WTD &CFO

 Plant ED-W