

**FACILITIES MANAGEMENT
PROJECT REQUEST FORM**

REQUESTOR INFORMATION

Name: _____ **Title:** _____

Department: _____ **E-mail:** _____

Date: _____ **Phone:** _____

SCOPE

Building: _____ **Room Number:** _____

Type of Space

- Office Lecture Classroom
 Lab Computer Classroom
 Residence Other

Type of Project

- Carpet Asbestos A/C Demolition
 Furniture Ceilings Electric Technology
 Painting Partitions Heating Other
 Lighting Windows Plumbing

Briefly Discuss Project:

Schedule and Budget:

Request Project Completion Date: _____ **Budget Code:** _____ **Budget Limit:** _____

Authorizing Signatures: (By completing this section, the requestor indicates that the project has been discussed and approved by the appropriate Department Chair and Dean or Director and AVP)

Dept. Chair / Director: _____ **Date:** _____

Dean . AVP: _____ **Date** _____

Once approved, have your Dean or Associate Vice President forward the request to your division's Vice President for consideration by the Space Planning Committee.

FOR FACILITIES MANAGEMENT USE ONLY

PROJECT TITLE: _____ **PROJECT NUMBER:** _____

PROJECT MANAGER: _____ **DATE RECEIVED:** _____