

Date: _____

All facility and information technology (IT) modifications require appropriate planning and funding. This form must be completed to authorize and coordinate facility and IT projects at the University. Upon submitting this form, a representative from Facilities and/or IT will contact you to verify the project scope and schedule. A final project scope, schedule, and budgetary project cost estimate will be provided for review and approval by: the Department Head, Divisional VP, VP for Administrative Services, the Chief Information Officer, the Provost, and the Senior VP. **NO WORK MAY COMMENCE WITHOUT A FULLY EXECUTED PROJECT AUTHORIZATION FORM.** If you have any questions or need help in completing this form, please call the Office of Facilities Management (x3000) or the Office of Information Technology (x1528).

<u>Project Type/Schedule</u>	<u>Description</u>	<u>Deadline</u>
<input type="checkbox"/> BAC Funding Request	Cost estimates to be used in BAC capital requests	August 1
<input type="checkbox"/> Christmas Break	Work to be completed over Christmas Break not funded by BAC	September 1
<input type="checkbox"/> Spring Break	Work to be completed over Spring Break not funded by BAC	December 1
<input type="checkbox"/> Summer Work	Work to be completed over Summer Break not funded by BAC	February 1
<input type="checkbox"/> Other		

Requestor: _____ Department: _____ Ext.: _____
Email: _____

Project Description: Please provide as much detail as possible

☐ Furniture ☐ IT ☐ AV ☐ Phone

Funding

Source: _____ Amount: \$ _____

Provost/ Sr. Vice President Approval: _____ Date: _____

TO BE COMPLETED BY OFM/OIT

FM/IT Project Manager: _____	Project No.: _____
Scope/Schedule Meeting Date: _____	
Budgetary Cost Estimate: _____	Estimator: _____

REQUESTOR SHOULD SEND COMPLETED FORM TO FMOITREQUEST@SJU.EDU OR FAX TO x1243