

RENOVATION/CONSTRUCTION PROJECT REQUEST

Date: _____ Requested by: _____

Contact E-mail: _____ Contact Telephone: _____

Department Head: _____

Requesting Department: _____ Account Number: _____

Building Name and Number: _____ Room Number: _____

Relocate: Yes No From Bldg. _____ Room _____ To Bldg. _____ Room _____

Scope of Work (include time constraints): _____

Departmental Approval (Signatures)

Requestor: _____ Date: _____

Department Head: _____ Date: _____

Physical Plant: _____ Date: _____

Assistant VP Administration: _____ Date: _____

Associate VP Finance: _____ Date: _____

Physical Plant Estimate

Labor	Material	Equipment	Rentals	Furnishings	Start/Finish Estimate
					Estimate Prepared by/Date

- Approved
 Rejected
 Requires A/E Study
 Work requires facility upgrade
 Provide Estimate for Work
 Work Approved but with delay until end of semester
 Proceed w/o further reference to requester

Comments: _____
