



FACILITIES MANAGEMENT

Telephone 777-2523 Fax 777-3071 Stop 9032

Request Number:
<i>To be filled out by Facilities Management</i>

Project Request Form

Date Submitted: _____
 Building Name: _____
 Room / Floor: _____

Funding

Fund #: _____
 Dept #: _____
 Account #: _____
 Program #: _____
 Project #: _____

Contact Information

Contact Name: _____
 Contact Phone #: _____ Stop #: _____
 Department: _____
 Email address: _____

Note: If the amount of this work should exceed \$10,000, you will need to fund this request using a Plant Fund. Should you have any questions regarding setting up this fund, please contact Laura Thoreson at Facilities.

Design/Estimate

Estimate Requested? **Yes** **No**
 (Please circle one)

Note: Department will be charged for estimating time.

Departmental Approval

Name: _____
 Title: _____

DESCRIPTION OF WORK: (Describe in DETAIL. Attach sketch or additional sheets when necessary)

Requested Completion Date: _____

Facilities Office Use Only

Date Entered _____		Entered By _____		Fund Approval Amount _____	
Trades				Notes	