



Administrative Services - Facilities

PROJECT REQUEST

Department: _____ Request Date: ____/____/____

Requestor: _____ Telephone: ____ - ____ - _____

Email Address: _____ Source Funding: _____

Reason Needed: _____

Date Needed: ____/____/____

Project Information:

Campus/building/room numbers: _____

Project title and description (attach supporting documentation, additional sheets as necessary and sketch, including as many views and dimensions as necessary to convey pertinent information (location, height, width, length, etc.), or attach floor plans as needed).

ALL SIGNATURES ARE REQUIRED TO PROCESS THIS REQUEST

Requestor's Signature: _____

Date: ____/____/____

Dean/Director/Manager: _____

Date: ____/____/____

Cabinet Member Approval: _____

Date: ____/____/____

Admin Unit Priority: _____ (By VP/Designee)

(FS use only)	Administration Review Required	(circle one) Yes No
Presidents Cabinet Approval: _____		Date: _____
Comments: _____		

Facilities Officer Signature _____		Facilities Control No.: _____

Mail or FAX signed form to Facilities (775.753.2186)