



CAPITAL PLANNING AND FACILITIES MANAGEMENT

EXT - 7684

FAX - 5838

PROJECT REQUEST FORM

PROJECT DATA:

Origination Date: _____

1. Originator: _____ Department: _____

2. Title: _____

3. Location: _____

4. Description: _____

5. Budget (initial estimate): Construction _____

Contingency _____

Design Fees _____

Total Project _____

6. Proposed construction schedule: _____

7. Funding Source (account no./ name): _____

8. Submitted by Project Manager: _____

Project Manager/ David J. Pierson, Director Architectural Services & Capital Planning

9. Asst. Dir. Camp. Plng & Space Utilization: _____

Projects which require the allocation of unassigned space or the reassignment of currently assigned space require an approved **Space Allocation Routing Slip** prior to the approval of the Assistant Director Campus Planning and Space Utilization

APPROVAL PROCEDURE: In order for this project to proceed, the Originator must (1) indicate the source of funds; (2) obtain approvals of all indicated levels below; and (3) forward this form to Vice President Curtis within sixty (60) days after the origination date.

Department Head: _____

Date

Director/Dean: _____

Date

Vice President: _____

Date

Senior Vice President and Provost : _____

Dr. Elizabeth J. Stroble

Date

APPROVAL TO PROCEED: YES _____ NO _____

Vice President Capital Planning and Facilities Management: _____

Ted Curtis, AIA

Date

1. Forward Original to Fiscal Officer

2. Original to file 3. Copy to Project Manager and Originator

Project No. _____