

## **Project Request Form**

Requestor Inforn	nation:					
Name/Title:				Date Submitted:		
Services Requested:						
Detailed Description	of Work Requested (attach	additional in	forma	tion as necessary):		
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Justification for Work	Requested (attach additional i	information a	s nec	essary).		
Location for Request	ed Service:					
Campus:	Building:	Room:		Required by Date:		
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Type of Request (che	ck one or more):					
☐ Renovation or Remodel				Building Systems Replacement		
☐ Utility Services (elect, water, plumbing)				New Building or Facility		
☐ Grounds and Parking Lot Improvements				Utilities System		
☐ Acquisition of Specialized Equipment				IT – AV Systems/Cabling		
☐ Furniture				Other:		

Funding Source			
☐ Departmental Budget (Specify:	)   Building Fund		
☐ Grant	☐ Renewal and Replacement		
☐ Campus Provost Funded	□ RFS		
□ Bond	☐ Facilities and Construction - Furniture		
Cost Estimate (attach additional information as necessary): \$			
Approvals			
Vice President:	Date:		
Provost:	Date:		
CIO/Director IT:	Date:		
VP of Facilities/Constr:	Date:		
EVP/SVP:	Date:		
Chief Financial Officer:	Date:		
President:	Date:		
Facilities Services Use Only			
Received by PDC:	Date:		
Project Manager Assigned:	Date:		
Project Number / Description:	Date:		

## **PLEASE FORWARD TO:**

Christopher Eyle
Vice President Facilities & Construction