Facilities Review Project Request
Facilities Design & Construction

This form may be filled in and saved to your computer or printed and filled in by hand.

1. THIS SECTION TO BE COMPLETED BY THE SCHOOL/DEPARTMENT.

Date:

School/Department

Project Location

Project Description

School Contact Person

Phone Number:

Funded: ☐ YES ☐ NO

If yes, Fund Source:

Account Number:

Estimated Cost:

Immediate Need: ☐ YES ☐ NO

If yes, provide details:

Signature

Print Name, Title

****Attach site plan showing location of project

Send form to:

This section to be completed by:

Project Denied ☐ Date

Denied By: Reason:

Project Approved ☐ Date

Project Name:

Project Number:

Project Manager:

Fund Source

Amount

July 2015,
Facilities Services