



PROJECT #:
PROJECT NAME:

# PROJECT REQUEST FORM

*Sections 1-3: Completed by Department/Requestor and submitted to the Director of Physical Plant*

## SECTION 1 Information

Requesting Department	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>

## SECTION 2 Location of Project

Building Name	<input type="text"/>
Room Number	<input type="text"/>
Occupant	<input type="text"/>

### Description of Project

*Include background information, nature of problem, specific requirements. Please be very specific. Attach a sketch, if applicable.*

### Justification or Reason for the Request

*Include relationship of request to carrying out departmental duties/responsibilities.*



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## SECTION 3

### Signature of Division Dean or Departmental Director

*Required for submission to Director of Physical Plant.*

Date:
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Signature:
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*Section 4: Completed by the Director of Physical Plant and sent to the Manager of Information Systems for completion of Section 5*

## SECTION 4

### Request Review

*To include scope, priority, type of work, assessment of need, relationship to other campus projects, and relationship to master plan. Comments and impact to physical facilities/infrastructure/utilities/grounds.*

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*Cost Estimate:*

*Recommended Implementation: Check all appropriate categories.*

In House	
<input type="checkbox"/>	Work Order
<input type="checkbox"/>	Special Project

Outside	
<input type="checkbox"/>	Study Consultant
<input type="checkbox"/>	Design Consultant
<input type="checkbox"/>	Specialty Contractor

### Signature of Director of Physical Plant

Date:
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Signature:
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*Section 5: Completed by the Manager of Information Systems and returned to Department/Requestor for Vice President signature*

## SECTION 5

### IS Review

*This request requires IS support*

YES                       NO

*If requires IS support, include comments, scope and impact to IS.*

*Cost Estimate:*

*Recommended Implementation: Check all appropriate categories.*

In House	
<input type="checkbox"/>	Work Order
<input type="checkbox"/>	Special Project

Outside	
<input type="checkbox"/>	Study Consultant
<input type="checkbox"/>	Design Consultant
<input type="checkbox"/>	Specialty Contractor
<input type="checkbox"/>	Construction/Trade Contractor

### Signature of Manager of Information Systems

Date:

Signature:

*Section 6: Signed by Area Vice President and sent to the Vice President of Administration for signature*

## SECTION 6

### Signature of Area Vice President

Date:

Signature:



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*Section 7: Signed by Vice President of Administration and taken to Cabinet for review/approval.  
Distribute to Section 8*

## SECTION 7

### Signature of Vice President of Administration

Date:
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Signature:
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### Funding Approval

- Project Approved-Funding Not Available
- Project Disapproved
- Project Approval

## SECTION 8

### Distribution

Requesting Department  
 Requesting Vice President  
 Director of Physical Plant

Director of Financial Services  
 Director of Auxiliary Services and Purchasing  
 Manager of Information Systems