

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 Contact Person Telephone	
SECTION 2	Location of Project	
	Building Name Room Number Occupant	
	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.	



Monroe County Community College

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SECTION 3	Signature of Division Dean or Department Required for submission to Director of Physics		
Date:	Signature:		
Section 4: Com	npleted by the Director of Physical Plant and ser for completion of Sectio		
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.		
	Cost Estimate:		
	Recommended Implementation: Check a	Outside	
	☐ Work Order ☐ Special Project	Study ConsultantDesign ConsultantSpecialty Contractor	
	Signature of Director of Physical Plant		
Date:	Signature:		



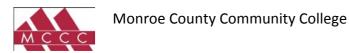
Monroe County Community College

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

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SECTION 5	IS Review		
	This request requires IS support		
	YES NO		
	If requires IS support, include comments,	scope and impact to IS.	
	Coat Estimates		
	Cost Estimate:		
	<u> </u>		
	Recommended Implementation: Check all appropriate categories.		
	In House	Outside	
	Work Order	Study Consultant	
	Special Project	Design Consultant	
		Specialty Contractor	
		Construction/Trade Contractor	
	Signature of Manager of Information	Systems	
Data	Simpahuma.		
Date:	Signature:		
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Section 6: Sign	ied by Area Vice President and sent to the V	ice 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:	Signature:		
	Funding Approval		
	Project Approved-Funding Not Available Project Disapproved		
	Project Approval		
SECTION 8	Distribution		
	Requesting Department	Director of Financial Services	
	Requesting Vice President	Director of Auxiliary Services and Purchasing	
	Director of Physical Plant	Manager of Information Systems	