



# PROJECT REQUEST

Department: \_\_\_\_\_

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requestor: \_\_\_\_\_

Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Source Funding: \_\_\_\_\_

Reason Needed: \_\_\_\_\_

Date Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Project Information:**

Campus/building/room numbers: \_\_\_\_\_

**Project title and description** (attach supporting documentation, additional sheets as necessary and sketch, including as many views and dimensions as necessary to convey pertinent information (location, height, width, length, etc.), or attach floor plans as needed.)

**ALL SIGNATURES ARE REQUIRED TO PROCESS THIS REQUEST**

Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dean/Director/Manager: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

President's Cabinet Member or Designee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admin Unit Priority: \_\_\_\_\_ (By VP/Designee)

(FS use only)	President's Cabinet Review Required	(circle one)	Yes	No
President's Cabinet Review: _____				
Comments: _____				
FS Director Signature _____			FS Control: _____	

**Complete and send signed form to Facilities Services (775-673-7100)**