

PHYSICAL PLANT PROJECT REQUEST FORM

Building: _____ Room No.: _____
Department: _____

Scope of Work: Renovating an Existing Area
 Repairs
 Additional Square Footage

Estimated Cost: _____

Furniture Needs: Purchase Construct

Estimated Cost: _____

Equipment Needs:

Estimated Cost (equipment and maintenance): _____

Telephone Needs: (type of voice terminal)

Estimated Cost: _____

Total Estimated Cost: _____

Work requested to be accomplished during the following period:

Start: _____ Complete: _____

Requested By: _____ Date _____
Reviewed By: _____ Date _____
Approved By: _____ Date _____

Priority Rating: _____ (BudgetRequest: PhysicalPlantProjectRequestForm)