FACILITIES IMPROVEMENT TICKET

Requestor
Requesting Department
Work Order #
Email address (UUID)
Requestor’s Phone
Desired Project Completion Date
Dean/Vice President
Department Contact
Department Contact Phone #
Financial Manager
Department
Building
Room #

Date

Estimate Only
For Execution

Is Funding Available? _____ yes _____ no

Brief Project Description


SPACE REQUIREMENTS
☐ CHANGE IN SPACE TYPE
☐ CHANGE IN SPACE USE
☐ RECONFIGURE EXISTING SPACE
☐ NO IMPACT ON SPACE

ADDITIONAL CONSIDERATIONS:
• How is the space currently being used?
• Do improvements include new furniture or equipment or modifications to existing furniture? If so, are power and/or data needed?
• Does the project include changing ceilings, doors, floors, or walls?
• Are there any special security requirements: alarms, cameras, etc.?
• Do you need sinks, water service or any other plumbing?
• Does work require upgrades to electrical or data?

GENERAL COMMENTS/REMARKS

Add photos and/or sketches if possible. Please define/describe equipment/fixtures or attach catalog page.