FACILITIES IMPROVEMENT REQUEST FORM

Requestor ___________________________ Requesting Department ___________________________

Work Order # _______ Project Order # _______

Email address (UUID) ___________________________

Requestor’s Phone ___________________________

Desired Project Completion Date _____________ Is Funding Available? _____ yes _____ no

Dean/Vice President ___________________________

Department Contact ___________________________

Department Contact Phone # _____________

Financial Manager ___________________________

Department ___________________________

Building ___________________________ Room # ___________

Brief Project Description

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________________________________________________________________________

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________________________________________________________________________

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 our data? ___________________________

GENERAL COMMENTS/REMARKS

________________________________________________________________________

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