



FACILITIES REMODEL / CHANGE/ RELOCATE

REQUEST FORM

Name of Requestor:	Date:
Department:	Approx. Cost:
Source of budget (<i>Gen Fund, Name of Grant, etc.</i>):	
Account Number:	

Has this project been included and explained in **Program Review**? : Yes No

Please describe **in detail** what you would like to have done (including equipment, furniture, IT, etc.).
Include a diagram if applicable:

Approval in Concept

Dean/Director Signature:	Date:
Area Vice President Signature:	Date:

Process Flow:

1. Requestor fills out first page using best estimate of cost.
2. Dean / Director **AND** area Vice President sign and approve request "**In Concept**".
3. Form is routed to Director of Maintenance & Operations for an estimate (if needed) and completion.
4. Form is routed to Director of IT for an estimate (if needed).
5. Area Vice President submits completed form to President's Cabinet for review / approval.

Maintenance and Operations Evaluation

Estimated Material Cost: \$

Use Internal Labor: Yes No

Estimated Equipment Costs: \$

Estimated Time to Complete:

Other comments:

Information Technology Evaluation (if applicable)

Estimated Material Cost: \$

Use Internal Labor: Yes No

Estimated Equipment Costs: \$

Estimated Time to Complete:

Other comments:

Cabinet Action

Request Approved: Yes No

Scheduled for FY: _____

Project Priority for Fiscal Year:

M&O Evaluation Results:

IT Evaluation Results:

All Other Costs:

Total Cost of Ownership

\$

\$

\$

\$

Recommended Funding Source:

Signature VP of Administrative Services Date

Date of Cabinet Approval