



**Project
Number:** _____

PROJECT REQUEST FORM

Requestor Name: _____

Date: _____

Requestor Title: _____

Department: _____

PROJECT SCOPE

Building: _____ **Room No(s):** _____

Currently Assigned to: _____

Type of Space:	_____ Administrative Office	_____ Residence Hall	_____ Lab
	_____ Academic Office	_____ Classroom	_____ Other

Type of Project:	_____ Construction	_____ Space Reallocation	_____ Accessibility
	_____ Feasibility Study	_____ Space Request	_____ Landscape/ Site

Type of Work:	_____ Carpet/ Flooring	_____ Furniture	_____ AC/ Ventilation
	_____ Painting	_____ Casework/ Cabinetry	_____ Electrical
	_____ Ceilings	_____ Lighting	_____ Data/ Network
	_____ Partitions/ Doors	_____ Signage	_____ AV Equipment

Description of Project: _____

SCHEDULE AND BUDGET

Source of Funds: _____ Department/ Area
_____ Central Budget
_____ Other *(please specify)*

Requested Project Completion Date: _____
Budget Limit: _____

AUTHORIZATION

Department or Division Head: _____
signature _____ *date* _____ *print* _____

Dean or Vice President: _____
signature _____ *date* _____ *print* _____

PDC USE ONLY:	
Date Received: _____	Project Manager: _____