FACILITIES MANAGEMENT

PROJECT REQUEST FORM

Please fill out completely and return the signed form via E-mail to **FMG.Project.Request@purchase.edu**. Please enter "Project Request" in the subject line.

- 1. All required signatures are to be obtained before a project becomes official.
- 2. All changes are subject to review and approval.

Project Estimated Cost: \$_

- 3. Project schedule will be established after all required approvals are obtained.
- 4. After required approvals are received, the Campus Facilities office will contact you to schedule a meeting and walk through of the space.

PROJECT INFORMATION				
Name of Project:				
Project Building:		Move	Modification Furniture	
Project Floor(s)/Room(s):		Furnitu		
Project Description (attach addition	ional page if needed			
Purpose/Reason for Project (atta		f needed):		
Funding Source(s):		Project Budget: \$		
Requestor Name:		Requestor Phone:		
Requestor Department:	r Department:		Associated Work Order #:	
REQUIRED SIGNATURES				
Chair/Department Head		Dean/VP		
Name (Print)	 Date	Name (Print)	Date	
Signature		Signature		
FACILITIES APPROVALS (F	or use by Facilit	ies Administration)		
Sr Dir/AD Facilities		VP		
Name (Print)	 Date	Name (Print)	 Date	
Signature		Signature		

Project Estimated By: ___