

Requestor:		FS Project Manager:	
Dept:		Dept:	Facilities Services
Phone #:		Phone #:	
Email:		Email:	
Project Contact:		Type of Project (TMA)	
Phone #:			
Email:			

Part A - Scope & Estimate Approval by Requesting Department

Strategic Project Name: _____ Date: _____

Project Goal: _____

Justification : _____

Business Purpose:

- Health/Safety Strategic Initiative Other _____
 Revenue Generator Core Service

Detailed Scope of Work: (Attach additional sheet(s) if needed)

Requested Completion Date _____ Available Budget \$ _____ Account Number _____

Department Head / Chair(Print Name): _____

Signature: _____

APPROVAL TO PROVIDE ESTIMATED COSTS: Approved Not Approved

PART B - Estimate by Facilities

Facilities AVP Approval to Proceed w/Estimate (Initials) _____ Date _____

To Be Completed By Project Manager: Estimate TMA WO# FS- _____

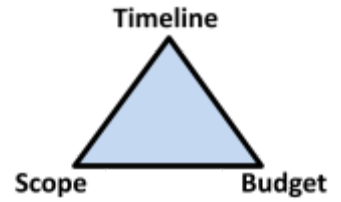
Estimated Material Cost: \$(attach documents/bids) \$ _____ Estimated Labor \$ _____

_____ Estimated On-going Costs After Project Completion \$ _____

Work to be completed by: In House Contracted Both

Tentative Start Date: _____ Project Duration: _____

Reviewed by Associate Director of Facilities: (Initials) _____ Date _____



PART C - By Requester - Approval to Proceed w/Project

Approver Process note: Approvals from appropriate Vice Presidents / Provost / Assistant Provost / Cabinet Member are **mandatory**. *Should your request be denied for any reason, you are encouraged to discuss other alternatives with your supervisor(s).*

Budget / Scope Approval Signatures

(Vice Presidents / Provost / Assistant Provost / Cabinet Member)

Account Number (to be charged for project work described in the attached estimate)

Academic: # _____ Approved by: _____ / _____
(Print) (Signature)

DIFR: (Res Halls Only): # _____ Approved by: _____ / _____
(Print) (Signature)

IFR / MCM: # _____ Approved by: _____ / _____
(Print) (Signature)

Part D:

Code Review Approval Required (Y) (N) Building Permit (Y) (N)

Code Official Approval (Print Name) _____ Signature _____ Date _____

Final - AVP Facilities Approval: Signature _____ Date _____

Part E:

Approval VP Finance and Administration (if applicable)

Signature Julie Buehler , VP Finance and Administration Date

Part F - Business Manager

TMA Project # _____ (Send Completed Document to Project Manager)

Part G - Notify Director of Planning and Design

Applicable Date notified _____ Not Applicable