

Requestor (Your Name):		Date:
Project Title:		
Building Name & #:		
New Project: <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Project #:	Existing WO#
Project Description/Scope (<i>attach any estimate prior to request</i>):		

Start Date:	End Date:	Expected Financial Closeout Date:
Materials & Services:	Previous Approved:	
Contingency:	Revised TPC:	
Project Mgmt Fee:	<input type="checkbox"/> 6%: <\$300K or A/E Studies; <input type="checkbox"/> 5%: \$301K- \$1M; <input type="checkbox"/> 3%: >\$1M	
Total Requested:		

Signatures:

Dir Space Management & Analysis	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asst VC/VP Planning	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sr Assoc VC/VP Facilities/Construction Mgmt	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No

For Business Services only:

Funding Source:	
New Project Cost Center:	

Balances as of:

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