

## **Project Request Form**

PART I	
Date:	Initiated by:
Phone Number (Ext.):	SWC Email Location: (Building Number/Area):
Approving) :	
Approving Vh: Project Request Type:	
Preferred Completion Date:	Funding (GL Code):
Guidelines	Allocated Budget:
modification, addition, enhancement to routine maintenance should be submitted.  The size and complexity of projects required instance, a relatively small floor replacer short amount of time. Projects that required cZ( a cbh g necessary to complete the short amount of the complete the calculations and the calculations are submitted.	ested will determine the time necessary to complete. For ment project under \$15,000 may be completed in a relatively lire a design effort and public bidding may take at a <b>a ]b]a i</b> a he procurement process. Please plan accordingly. Dject scope, schedule and budget information is established
·	e completed by Facilities Staff)
PART II	
Facilities Construction Mgr.:	Project No.
Scheduled Start Date: Scheduled Completion:	Estimated Costs:
Notes:	
Funding Source:	
SCAN/EMAIL COMPLETED FORM TO:	