

PROJECT REQUEST FORM

PROJECT NUMBER: _____
(to be assigned by CDFD)

Please provide the following information regarding your project request:

Requestor Name: _____ Date: _____
Requestor Title: _____ Customer Rep: _____
Department: _____ Rep. Phone No: _____

SCOPE:

Building and Room No(s): _____

Briefly Describe Project: _____

Type of Space: Office Computer Cluster Classroom
 Lab Dorms

Type of Project: Ceilings/Partitions Electrical/Data HVAC/Plumbing
 Lighting Carpet/Painting Furniture

SCHEDULE AND BUDGET:

Completion Date: _____ Funding Source: Central College/Dept Gift(s) Grant(s)

Oracle Number: _____ Budget: \$ _____

AUTHORIZED SIGNATURES:

Department/Division Head: _____ / _____ / _____
Signature Date Print Name

Dean/Vice President: _____ / _____ / _____
Signature Date Print Name

Send completed form to: Ralph Horgan, Associate Vice Provost, Campus Design and Facility Development
Or email to Karen Spells at: Kspells@andrew.cmu.edu

CDFD Use Only Provost's Approval: _____ / _____
Signature Date

Date Received: _____ Project Title: _____

Date Assigned: _____ Project Manager: _____