Project Request

Campus

- ☐ Charlotte
- ☐ Collier
- ☐ Lee
- ☐ Hendry / Glades

Department Information

Department:

Requested By:

Phone Number:

Date:

Funding / Authorization

Fund Source:

Cognizant Vice President / Dean Signature

Campus President Signature

Project Information

Location of Work: Room Number(s):

Description of Work: (Attach sketch. Floor Plans available from Facilities Planning.)

OFFICE USE ONLY

Project Type:

- ☐ Remodeling
- ☐ Renovation
- ☐ New Construction
- ☐ Negotiable ($15,000 Max)
- ☐ 3 Quotes ($15,000 - $25,000)
- ☐ Bids Required (> $25,000)
- ☐ State Contract ☐ SNAPS

Date Received:

Department Information

Assigned To: Project Number:

EPS Number:

Survey Recommended: ☐ No ☐ Yes Number(s):

Special Conditions:

Submit Request to the Campus President for approval. When APPROVED, transmit signed copy to Director of Facilities Planning & Management and Campus Plant Operations Supervisor.

Retain a copy for your files

CLEAR FORM