

REQUEST FOR PROFESSIONAL SERVICES

*For all projects for which the cost is unknown
or expected to be less than \$150,000*

PHYSICAL FACILITIES

(For Physical Facilities Use Only)

Project ID: _____ BLDG: _____ Building Index: _____ Campus: _____

Client College/Organizational Unit: _____ PRC Review Date: _____

Project Title: _____

REQUESTER INFORMATION Department: _____ College/Organizational Unit: _____

Contact Name: _____ Phone Number: _____

Title: _____ E-mail Address: _____

PROJECT INFORMATION Building: _____ Room/Area: _____

Describe objective and scope of work for which services are requested:

CONSTRUCTION SCHEDULE REQUESTED

Work Window: Year: _____ Fall Winter Spring Summer Other

REQUIRED DEPARTMENT AUTHORIZATION

The requesting department authorizes Physical Facilities to proceed as indicated below. Check the box that applies and provide the funding amount and source as required. If more than one source of funds is used, indicate percentage or amount of each.

Physical Facilities to provide free preliminary scope and budget development.
(Director/Dept. Head signature authorization required. No funding information required.)

Physical Facilities to proceed with project management, design, and construction or study. \$ _____
(Provide amount and source of funds. Expenses will begin at receipt of RPS.)

FUND	COST CENTER	GL ACCT	STAT ORDER	% OR AMT BREAKDOWN

Unit Business Manager (signature)	(printed name)	Date
Director/Dept. Head	(printed name)	Date
Dean/Vice President	(printed name)	Date

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