

Georgia State University

Facility Modification Request (FMR)

Facilities Department Use Only
Date Sent to VP:

FMR Number

Returned to FCS:

Assigned Unit:

Part 1. Instructions

Within two (2) days after receipt of this form, the Facilities Customer Service Center (FCSC) will notify the contact person by email of the FMR number. Facilities will evaluate the request to determine if:

1. the request requires Capital Budget and Space Allocation Committee (CBSAC) approval. Facilities in conjunction with the requesting unit will develop the documentation for submission to CBSAC.
2. the request is for a research facility and requires approval by the Vice-President for Research. Facilities in conjunction with the requesting unit will develop the documentation for submission to the Vice-President for Research.
3. the request is eligible for cost estimating by the assigned department (Renovation, Design & Construction and maintenance). The assigned department receives the request, the contact person will be notified and asked to meet to discuss the details of the project. Once the project has been estimated and the contact person notified, he/she should:

- a. approve the estimate by notifying the Estimator with approved account number; OR;
 - b. revised the scope of work and resubmit the request to the assigned Estimator; OR;
 - c. cancel the request and inform the assigned department and the FSC.
- The contact person will receive periodic updates from the Estimator on the status of the request.

E-mail form to: fmservices@gsu.edu Or FAX to: 404-413-0710

Part 2. Client/Contact Information

Date:

Contact Name:

Phone #:

Department:

Email Address:

Part 3. Location & Description of Request

Building Name:

Room Number(s)

Description of Work:

(Attach additional files if needed)

Part 4. Budget

Please provide an account number if you would like the work request to proceed as long as the cost does not exceed the budget.

Speed type:

Budget is restricted to a cost not to exceed: (Check one)

- \$500.00 \$1,000 \$2,500 \$5,000
 \$10,000 \$15,000 \$20,000 \$30,000

Cost Estimate Only \$

Part 5. Approvals

Title

Type your signature:

Dept Head / Director

Date

Dean / Vice President

Date

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Print Form