

FACILITIES REQUEST FORM

Staff Use Only:						
DATE RECEIVED:	PROJECT #:					
	PROJECT NAME:					

		Contact:	Date Submitted:									
	Requestor:											
	Phone:			Email:				@seattleu.edu				
	College/School:			Depart	ment:							
	REQUEST TYPE (Mark all that apply.)											
NOI	Program / Growth Planning Remodel/Renovation Space Move (group) Change Space Use											
MA	Add Space New Construction Signage											
OR	Other:											
Ě	REQUEST DESCRIPTION											
REQUEST INFORMATION	1. Location of work requested:											
		Building :		Floor:			Room #:					
Ö		Building :		F	loor:		Room #:					
æ	2.	Desired Complete Date:		Date Flexible?			Yes No					
	3.	Project Goals/Rationale:										
	FUNDING		Department Funds	Department Funds Available? Yes (Complete #1 - #4.) No								
				.			Budest #					
	1.	Funds Committed:	\$		FY		Budget #:					
FUNDING	2.	Source:	Operations Bud	Operations Budget Gift Funds Grant SGC								
	3. Additional available, if needed? Yes No											
	4. Approval required for all requests.											
	DEAN OR DIVISION VP SIGNATURE DATE											
Z	APPROVEDYESNO DATE											
SGC ENDATION	TIER LEVEL123											
SGC END A												
	SGC REPRESENTATIVE SIGNATURE (required prior to submittal to Facilities)											
2	COMMENTS:											
Ö												
RECOMM												
	REQUIRE	REQUIRED FOR ALL REQUESTS										
o.												
를 다	CF											
Q H	CF.	•		DATE								
APPROVAL of PROJECT												
4 4	PROVOST DATE											
	<u> </u>											