



# FACILITIES REQUEST FORM

Staff Use Only:

DATE RECEIVED:	PROJECT #:	
	PROJECT NAME:	

## PROJECT DATA

Project Name:		Date Submitted:	
Requestor:			
Phone:		Email:	@seattleu.edu
College/School:		Department:	

## REQUEST TYPE (Mark all that apply.)

<input type="checkbox"/> Program / Growth Planning	<input type="checkbox"/> Lease Options / Renewal	<input type="checkbox"/> Space Move (group)	<input type="checkbox"/> Change Space Use	
<input type="checkbox"/> Add Space	<input type="checkbox"/> Furniture / Equipment (FFE)	<input type="checkbox"/> Update (carpet/paint/etc.)	<input type="checkbox"/> Signage	<input type="checkbox"/> Repair / Fix
<input type="checkbox"/> Lab Equipment	<input type="checkbox"/> Other: _____			
Was this request approved in the annual budget process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## REQUEST DESCRIPTION

- Location of work requested:
 

Building :		Floor:		Room #:	
Building :		Floor:		Room #:	
- Desired Complete Date: \_\_\_\_\_ Date Flexible?  Yes  No
- Brief description of the request: (500 character limit)

## FUNDING

Department Funds Available? <input type="checkbox"/> Yes (Complete #1 - #4.) <input type="checkbox"/> No (Collect Approvals of Concept)	
1. Funds Committed:	\$ _____ FY _____ Budget #:
2. Source:	<input type="checkbox"/> Operations Budget <input type="checkbox"/> Gift Funds <input type="checkbox"/> Grant <input type="checkbox"/> Internal Loan
3. Additional available, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Approval: (Required if department funds have been, or are willing to be, committed. Must collect <b>before</b> collecting approvals of concept signatures.)	

_____	_____
BUDGET MANAGER / SGSU VP of FINANCE SIGNATURE	DATE
_____	_____
BUDGET MANAGER / SGSU VP of FINANCE PRINT	DATE

## APPROVAL OF PROJECT CONCEPT

*Required for all student requests.*

_____	_____
SGSU PPRESIDENT	DATE
_____	_____
DIRECTOR, STUDENT ACTIVITIES	DATE

*Required for Planning, Lease, Space Move, Add Space, Change Space Use, or if funding is needed.*

_____	_____
DEAN / DIVISION VP	DATE
_____	_____
PROVOST / EVP / CFO	DATE

NEXT STEP: - If funding IS needed, submit to your Division's Space Governance Representative.  
 - If funding is NOT needed, submit to Facilities Services at [madored@seattleu.edu](mailto:madored@seattleu.edu) or CLMB 2<sup>nd</sup> Floor.

All FRF's will be reviewed and assigned on a weekly basis.

Questions? Contact: Lara Branigan, Director, Design and Construction 206- 296-2516 / [Branigal@seattleu.edu](mailto:Branigal@seattleu.edu)

PROJECT INFORMATION  
(To be completed by requestor/sponsor.)

FUNDING

APPROVAL OF PROJECT CONCEPT  
(To be obtained/submitted by requestor/sponsor.)