



Project Request Form

Planning and Construction Services
PCS-PRF-2017.1

REQUESTOR INFORMATION

Contact Name _____

Contact Title _____

Division Please select from list

Phone _____

Email _____

VP Name Please select form list

PRF Completed By _____

PROJECT INFORMATION

Building or Site _____

Room or Area _____

Is this space currently assigned to the requesting department?
Yes No

Date of Request _____

Desired Start Date _____

Desired Compl. Date _____

FUNDING *Please check one and include amounts*

Requesting department is fully funding project.

Requesting department is partially funding project.

Project is currently unfunded

Amount available if fully or partially funded _____

Is project being funded through auxiliary or housing reserves?

Chart String (If applicable) _____

PCS USE ONLY

Date _____

Received: _____

Validated By: _____

PCS Director: _____

PM Assigned: _____

Comments: _____

PROJECT DETAILS *Attach additional sheets as needed.*

Description of Project Scope *Please be specific, and attach supporting documents or sketches as needed*

Justification for Project

Consequences for not completing this project within requested time frame

APPROVALS

Director/Chair _____ Date: _____

AVP/Dean _____ Date: _____

Division VP _____ Date: _____

VP Bus & Fin _____ Date: _____

PCS USE ONLY		
Approved by: AVP CP&F		
PRF No.	Project No.	Entered by/Date

Questions? Planning and Co Services
Phone: x96371