

PROJECT CONTACT AND APPROVAL

Current Date _____ Desired State Date _____ Desired Completion Date _____
 (MM/YYYY) (MM/YYYY)

Department _____

Initiator _____ Email _____ Phone _____

Project Contact _____ Email _____ Phone _____

Project Contact: In direct connect with project manager oversees the daily oversight.

Project Sponsor _____ Email _____ Phone _____

Project Sponsor: Identifies, defines, acquires funding for and makes a business case for project. Approves all scope changes.

Dean/AVP/Vice President Signature _____

SVP/Provost/President Signature _____

PROJECT DETAILS

DETAILED ESTIMATE (budget available this FY) **FUTURE PLANNING ROM REQUEST FORM**

Building Name (if applicable) _____ ROM # (if applicable) _____ Space Code/Location (if applicable) _____

WORK DESCRIPTION (Include as much detail as possible. Provide specs, quotes, etc.)
 AUTHORIZATION UPON APPROVAL
DATE APPROVED _____

	Estimate	Change Order #1	Change Order #2	Change Order #3	Total Cost
Total Project Cost					

Amount	Fund	Cost Center	Ledger Account	Program	WD Project ID	Gift	Grant
Transfer to:							

Date Out	Printed Name	Signature	Date
Project Manager for Estimate			
Associate Vice President of Facilities	Lee Myers		
CC Manager, Dean, AVP or PI (Up to \$15,000)			
VP or SVP (Up to \$50,000)			
CFO or EVP (Up to \$250,000)			
President (Over \$250,001)			
Research Office (if grant funded)			

OFFICIAL USE ONLY

BUILDING CODE	WORK ORDER NO.	WD PROJECT ID	PROJECT MANAGER	DESIGNER	DATE COMPLETED