

Current Date _____

Department Requesting _____

Initiator _____ Email _____ Ext. _____

Project Sponsor** _____ **Email** _____ **Ext.** _____

Dean/Vice President Signature _____

Sr Vice/Provost/President Signature _____

(Required before submission to Facilities Operations)

ROM ESTIMATE Needed for future planning

(click link) [FY2027 ROM FORM](#)

DETAILED ESTIMATE (Budget available, desire to start immediately)

OFFICIAL USE ONLY

WORKDAY PROJECT ID

WORK ORDER NUMBER

PROJECT COORDINATOR

BUILDING CODE

DATE COMPLETED

WORK DESCRIPTION: _____ **BUILDING NAME (if applicable):** _____

Include as much detail as possible such as specs, quotes, etc.

SPACE CODE/LOCATION (if applicable): _____

****Project Sponsor:** Identifies, defines, acquires funding for and makes a business case for project. Stays in direct contact with Project Manager to ensure project is completed on time and within budget.

Firm estimates will be obtained upon approval to proceed with the appropriate funding and signatures below.

AUTHORIZATION TO PROCEED							
	Estimate	Change Order #1	Change Order #2	Change Order #3	Revised ROM Total Cost		
Total Project Cost							
Amount	Fund	Cost Center	Ledger Account	Prog.	WorkDay Project ID	Gift	Grant
Transfer to:							
Date to Proceed _____							
DATE OUT	PRINTED NAME			SIGNATURE		DATE	
_____	Project Coordinator 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)			_____		_____	