

Current Date \_\_\_\_\_ Requested Completion Date \_\_\_\_\_

Initiator \_\_\_\_\_ Email \_\_\_\_\_ Ext. \_\_\_\_\_

Department Requesting \_\_\_\_\_

Dean/Vice President Signature \_\_\_\_\_

Sr Vice/Provost/President Signature \_\_\_\_\_

*(Required before submission to Facilities Operations)*
**BUILDING NAME:** \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_

**OFFICIAL USE ONLY**

 \_\_\_\_\_  
 WORKDAY PROJECT ID

 \_\_\_\_\_  
 WORK ORDER NUMBER

 \_\_\_\_\_  
 PROJECT COORDINATOR

 \_\_\_\_\_  
 BUILDING CODE

 \_\_\_\_\_  
 DATE COMPLETED

See [www.fit.edu/facilities](http://www.fit.edu/facilities) for detailed instructions for the Work Order process. This is a rough order of magnitude (ROM) estimate to be used for budgetary purposes only.

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

AUTHORIZATION TO PROCEED							
		ROM Estimate	Change Order #1	Change Order #2	Change Order #3	Revised ROM Total Cost	
Total ROM 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			_____		_____	
_____	VP of Operations			_____ Brian Leslie _____		_____	
_____	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)			_____		_____	