

Current Date _____ DESIRED START DATE: _____ DESIRED COMPLETION DATE: _____

Department _____ 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)

BUILDING NAME (if applicable): _____ ROM# (if applicable): _____

SPACE CODE/LOCATION (if applicable): _____

WORK DESCRIPTION: Include as much detail as possible such as specs, quotes, etc.

OFFICIAL USE ONLY

WORKDAY PROJECT ID

WORK ORDER NUMBER

PROJECT MANAGER

DESIGNER

BUILDING CODE

DATE COMPLETED

****** 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)			