

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**

 \_\_\_\_\_  
 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	
<b>Total ROM Project Cost</b>						
	Fund	Cost Center	Spend Category	Prog.	WorkDay Project ID	Grant
			7500			
<b>Transfer to:</b>						
<b>Date to Proceed</b> _____						
DATE OUT	PRINTED NAME		SIGNATURE		DATE	
_____	Project Coordinator for Estimate		_____		_____	
_____	Dir. Fac. Maint. & Cap. Projects		_____		_____	
_____	CC Manager or AVP (Up to \$15,000)		Kirk Hemphill		_____	
_____	Dean, VP or SVP (Up to \$50,000)		_____		_____	
_____	CFO or Chief of Staff (Up to \$250,000)		_____		_____	
_____	President (Over \$250,001)		_____		_____	
_____	Research Office (If Grant Funded)		_____		_____	