

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 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	Spend Category	Prog.	WorkDay Project ID	Gift	Grant
			7500				
			7500				
Transfer to:							
Date to Proceed _____							
DATE OUT	PRINTED NAME			SIGNATURE		DATE	
_____	Project Coordinator for Estimate			_____		_____	
_____	Senior Director of Operations			_____ Stacy Gordon _____		_____	
_____	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)			_____		_____	