

Project Number

--	--	--	--	--	--

Date Submitted \_\_\_\_\_

Contact Person \_\_\_\_\_

Department \_\_\_\_\_ Mail Code \_\_\_\_\_

Contact Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Work Location \_\_\_\_\_

BLDG. NAME OR ADDRESS

BLDG. NO.

--	--	--	--

ROOM(S)

Account Title \_\_\_\_\_

AIS Acct. # \_\_\_\_\_

Grant End Date \_\_\_\_\_

Account Title \_\_\_\_\_

AIS Acct. # \_\_\_\_\_

Grant End Date \_\_\_\_\_

OSPA Approval \_\_\_\_\_

FY FUNDS

FY FUNDS

BUDGET PURPOSE				DEPT. ACT. 1				DEPT. ACT. 2				OBJECT			

BUDGET PURPOSE				DEPT. ACT. 1				DEPT. ACT. 2				OBJECT			

**Budget Estimate Needed \***

No Estimate Needed/Proceed with Project (If this box is marked (X), Fiscal Officer must also sign "Approval" section below.)

Description of Work Requested:

Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_

(REQUIRED)

\* Fiscal Officer signature on the line above authorizes Facilities and Energy Management Services to bill the account(s) listed above to develop a Budget Estimate.

VC/Provost approval required for State accounts. Additional signatures are required to proceed beyond Budget Estimate. See Departmental Approval section at bottom of form.

VC/Provost \_\_\_\_\_ Date \_\_\_\_\_

FOR FACILITIES AND ENERGY MANAGEMENT USE

Assigned to: \_\_\_\_\_

Budget Range: \_\_\_\_\_ Date: \_\_\_\_\_

PROJECT ESTIMATE

\_\_\_\_\_

Date: \_\_\_\_\_

DEPARTMENTAL APPROVAL

**Disapproved:** \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Officer  
 Cancel Hold Change Project Scope

**Approved:** \_\_\_\_\_ Date \_\_\_\_\_

Fiscal Officer (authorizes commitment of funds)

\_\_\_\_\_ Date \_\_\_\_\_

Dean/Director (for projects over \$25,000)

\_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor/Provost

\_\_\_\_\_ Date \_\_\_\_\_

Facilities and Energy Management, Director

FOR FACILITIES AND ENERGY MANAGEMENT USE

<p>Work Order No.</p> <p>_____</p> <p>_____</p>	<p>Category</p> <p>Repair and Maintenance</p> <p>Permanent Improvement</p>	<p>Final Cost _____</p> <p>Completion Date _____</p>
---	--	--