FACILITIES MANAGEMENT PROJECT REQUEST

REQUESTOR				
Name	Building / Room	Phone Number	Date	
Email Address	Department / School		Cost Center (if applicable)	
CONTACT (if different than above)				
Name	Building / Room	Phone Number	Email Address	
	Building / Room	Phone Number	Email Address	
PROJECT				
Location: Project Description: (describe what you are				
, ,	, ,			
	ADDITIONA		AATION .	
REQUEST TYPE (check all that apply)	ADDITIONAL PROJECT INFORMATION Is the space currently assigned to your department?			
☐ Construction ☐ Furniture	department?			
☐ Space Planning	☐ No, it is cu	☐ No, it is currently assigned to:		
7 046 5	Are you changing the function of the space? (i.e. conference room to an office)?			
□ Other:	 ☐ Yes ☐ No			
	Are you adding to an existing space? ☐ Yes ☐ No			
	Do you know when the last time the space was updated? If so, when and what was done?			
	How much do	☐\$10-25K ☐\$25-50K ☐\$50-75K ☐\$75-100K ☐\$100-250K ☐\$250-500K		
	Are all project □ Yes □ No			
	When is the id	When is the ideal project completion date?		
APPROVAL				
Signature Authority (Printed Name)	Signature A	uthority (Signed Nam	Date	
INSTRUCTIONS				
Email this completed form to projectreques	t@utdallas.edu			
2. Include any applicable photos of the space f	or reference.			