

PROJECT REQUEST FORM

Project Number _____
(Assigned by Planning, Design & Construction)

All construction, renovations, modifications or changes to existing facilities of Missouri State University requires this form to be completed before work on the project may begin. The initiating department should complete this form, obtain the proper signatures, indicate the funding source and submit this form to the **Office of Planning, Design & Construction** in the Burgess House.

PROJECT INFORMATION

BUILDING TO BE MODIFIED: _____

DEPARTMENT REQUESTING MODIFICATION: _____

PROJECT CONTACT: _____ **PHONE:** _____

Describe overall project request. Identify specific use, room numbers and detail of modifications requested:

PROJECT FUNDING

FUNDING SOURCE: _____ **FUNDS AVAILABLE:** _____
(FOAPAL Required)

FUNDING SOURCE TITLE: _____

FOAPAL APPROVER: (Print Name) _____

Is this project being funded by a grant? Yes No

Will this project be paid for using any federal funds? Yes No

APPROVING SIGNATURES

Department Head/Supervisor

Date

Dean/Director

Date

Vice President/Provost **(Required)**

Date

At least one signature above must include FOAPAL Approver

Date received in Planning, Design & Construction: _____

REVIEW DATE: PD&C: _____ Facilities Management: _____

ASSIGN TO: Work Management: Date: _____ Work Order #: _____

Telecommunications: Date: _____

Planning, Design & Construction: Project Director: _____ Project Manager: _____

REMARKS:

DATE:

