

PROJECT REQUEST FORM

Project Number: _____
(Assigned by Planning, Design and Construction)

All construction, renovations, modifications or changes to existing facilities of Missouri State University require this form to be completed before work on the project may begin. The initiating department should describe the work to be completed, indicate the available funding, obtain the proper signatures of authority, and submit this form to the **Office of Planning, Design and Construction**.

PROJECT INFORMATION

BUILDING TO BE MODIFIED: _____

DEPARTMENT REQUESTING MODIFICATION: _____

PRIMARY CONTACT: _____ PHONE: _____ EMAIL: _____

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

PROJECT FUNDING

FUNDING SOURCE: _____ ANTICIPATED BUDGET: \$ _____
(FOAP Required) (Funds Available to Spend)

FOAP APPROVER: (Print Name) _____

ANTICIPATED COMPLETION: Fiscal Year _____ Spring Semester Summer Fall Semester Winter Break

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 FOAP Approver

Date received in Planning, Design and Construction: _____

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

ASSIGN TO: Campus Construction Team: Date: _____ Facilities Maintenance: Date: _____

Telecommunications: Date: _____

Planning, Design and Construction: Project Manager: _____

REMARKS: _____ DATE: _____

