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| Requestor (Your Name): | | Date: |
| Project Title: | | |
| Building Name & #: | | |
| New Project: <input type="checkbox"/> Yes <input type="checkbox"/> No | Existing Project #: | Existing WO# |
| Project Description/Scope/Justification (<i>attach any estimate prior to request</i>): | | |
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|-----------------------|---|-----------------------------------|
| Start Date: | End Date: | Expected Financial Closeout Date: |
| | | |
| Materials & Services: | Previous Approved: | |
| In-House Labor: | Revised TPC: | |
| Contingency: | <input type="checkbox"/> 6%: <\$300K or A/E Studies; <input type="checkbox"/> 5%: \$301K-\$1M; <input type="checkbox"/> 3%: >\$1M | |
| Project Mgmt Fee: | | |
| Total Estimate: | | |

Signatures:

| | | |
|---|------|---|
| Asst VC/VP Facilities Planning | Date | Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sr Assoc VC/VP Facilities/Construction Mgmt | Date | Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Business Services only:

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|--------------------------|--|
| Funding Source: | |
| New Project Cost Center: | |

Balances as of:

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