

Facilities Services Request
Fiscal Year _____

- Capital Project (\$5000 or more)
- Capital Equipment (\$5000 or more)
- Other _____

Project/Equipment Name: _____
Project/Equipment Location: _____
Requested By: _____ Date: _____
Department Contact (if different from below): _____
Contact Telephone Number: _____
Department Head: _____

Please describe the project or equipment as clearly and completely as possible. Attach additional information, diagrams, etc., as may be required:

Project/Equipment Utility Requirements

Electrical: Voltage: 120 208 480
Comment: _____
Plumbing: Yes No
Comment: _____
HVAC: Yes No
Comment: _____
Rigging/Moving: Yes No
Comment: _____
Other: _____
Equipment Cost: _____

Provost/ Division Vice President Approval to Estimate: _____
Approval Date: _____