

Murray State University
Department for Facilities Management
Renovation Request Form

Date _____

Section I ±Project Description

1. We request a survey be made for the following work.

Location _____

2. Source of Funds _____

3. Contact Person _____

Telephone _____

4. _____
'HSDUWPHQW +HDG¶V 6LJQDWXUH

Department

5. _____
Approved Dean & Director

Please attach any available sketches, drawings, detail requirements
and written justification of the work to be accomplished.

Section II ± Facilities Operations

Cost Estimate _____

Date Signature

Section III ±Facilities Design & Construction

Request No. _____

Date Signature

Section IV ± Director of Facilities Management

Comments: _____

Date Signature

Section V ±Project Number _____

Section VI ±Vice President
Finance & Administrative Services

Date Signature

Renovation Request Form Instructions

A Renovation Request Form must be completed for any project whose total cost is estimated to exceed \$500. The Request should be initiated and Section I completed by the department making the request.

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1. Detailed description of the project, including the Location (building and room number)
2. Source of funds ACCOUNT NUMBER
3. N