

**Murray State University  
Department for Facilities Management  
Renovation Request Form**

Rev. FY24

Date \_\_\_\_\_

**Section I – Project Description**

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

Location \_\_\_\_\_

2. Source of Funds \_\_\_\_\_

\*If the project is cancelled after estimates have been created, then \$1,000 will be forfeited by the funding unit.

3. Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

4. \_\_\_\_\_

**Department Head's Signature**

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. \_\_\_\_\_ FD&C#: \_\_\_\_\_

\_\_\_\_\_  
Date Signature  
Assigned Project Manager: \_\_\_\_\_

**Section IV – Director of Facilities Management**

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature

**Section V – Project Number \_\_\_\_\_**

**Section VI – Vice President  
Finance & Administrative Services**

\_\_\_\_\_  
Date Signature

**Section VII – Accounting & Financial Services**

Renovation Account Number \_\_\_\_\_

\_\_\_\_\_  
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.

1. Detailed description of the project, including the Location (building and room number)
2. Source of funds ACCOUNT NUMBER
3. Name and telephone of departmental person in charge of the project
4. Signature of department head (chair, director, coordinator, etc.) and name of department
5. Approval signature of appropriate Dean or Director

**Attach any pertinent back-up and send to the Dept. for Facilities Management**