

**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** _____

*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 – Building & Equipment Maintenance

Cost Estimate _____

Date Signature

Section III – Facilities Design & Construction

Request No. _____ FD&C#: _____

Date Signature
Assigned Project Manager: _____

**Section IV – Chief Facilities Officer & Assoc Vice President
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