



PROJECT REQUEST FORM

UND Facilities Management
Telephone: 777-4947; Stop: 9032
Email: und.facilities@und.edu

Request Number:
(Issued by Facilities Management)

Who is requesting this information?

Today's Date	<input type="text"/>	Department Name	<input type="text"/>
Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>
Contact Email	<input type="text"/>	Contact Fax	<input type="text"/>
Alternate Contact	<input type="text"/>	Alternate Phone	<input type="text"/>
Alternate Email	<input type="text"/>		

Who has signature authority to approve payment for this project?

Funding Source:

Authorizing Signature Title

Funding Source: Grant (Federal State Private) Appropriated Other

Estimate Requested? Yes No Anticipated Budget for project:
 Type: Budget Detailed (Required)

Have you spoken to a Facilities representative regarding this project? Yes No If so, to whom?

Where will this project take place?

Building Floor Room

Is this space currently assigned to your department per Facilities space inventory? Y N Is this a classroom? Y N
 If no, please submit the [Space Change or Move Form](#)

Are you changing the use of any existing space? Y N If yes, please submit the [Space Change or Move Form](#)

Describe the project you are requesting in detail.

(This field is limited in characters. Additional information may be included by attachment.)

What is the justification for this request?

(This field is limited in characters. Additional information may be included by attachment)

Any asset/equipment purchased associated with this request? Yes No