

TEXAS WOMAN'S UNIVERSITY

OFFICE OF FACILITIES MANAGEMENT & CONSTRUCTION

PROJECT REQUEST FORM

Rev. 7/2018

Purpose of Form: To initiate design, formal estimating, and implementation services for project requests. "Projects" involve multiple trades and have a cost that exceeds \$5,000. A PRF is not required if ordering furniture that meets University Standards and remains under \$30,000.

When to use: When a department has a need for a project to be implemented within a definite time frame and a funding source has been identified and have completed a Project Information Form. Examples include: departmental relocations, cubicle re-configuration, cosmetic upgrades, furniture procurement, and complete space remodels.

CONTACT INFORMATION

Authored Date:	Requesting Department:
-----------------------	-------------------------------

Project Contact Info: (Identify one person with whom Facilities can work with on this request)		
Name:	Phone:	E-mail:

Project Manager Info:		
Name:	Phone:	E-mail:

PROJECT DETAILS

Building:	General Information (check all that apply):	Desired Start Date:
Room Number(s): (use commas)	<input type="checkbox"/> Renovation/Remodel	<input type="checkbox"/> Deferred Maintenance
	<input type="checkbox"/> Finishes (e.g. carpet/paint)	<input type="checkbox"/> New Construction
If not within a building, describe location below:	<input type="checkbox"/> Furnishings Only	<input type="checkbox"/> Equipment
	<input type="checkbox"/> Building Systems (mechanical, electrical, plumbing, voice/data & A/C)	<input type="checkbox"/> Infrastructure
	<input type="checkbox"/> Landscape, Paving, Etc.	<input type="checkbox"/> Space: Planning, Analysis, Study

Scope of Work (be as descriptive as possible):

FUNDING SOURCE & PROJECT APPROVALS

Account Number:	Amount:
------------------------	----------------

Dean/AVP Approval

Name:	Signature:	Date:
--------------	-------------------	--------------

Vice President Approval

Name:	Signature:	Date:
--------------	-------------------	--------------

OFFICE OF FACILITIES MANAGEMENT USE ONLY

Date Received:	AVP of Facilities Management Signature:
-----------------------	--

BUDGET OFFICE USE ONLY

Name:	AVP Finance Budget Signature:	Date:
--------------	--------------------------------------	--------------

Name:	AVP Finance and Administration Signature:	Date:
--------------	--	--------------

Return completed form or contact us for questions using one of three methods:

E-mail:
Scan Completed Form and Send to:
TWUProjects@twu.edu

Fax:
940-898-3148

Inter-departmental Mail:
Facilities Management
c/o Dawn Byrd

Visit our website for detailed information about projects: <http://www.twu.edu/fmc>.

*Please attach approved SUAC form to Project Request.