

TSC | FACILITIES

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facilities@tsc.fl.edu

Instructions: This form will be utilized for all Remodeling and Renovation projects. Please complete the first page electronically and E-mail to facilities@tsc.fl.edu. If desired, you may include a printed diagram or drawing as an attachment. Leave spaces blank if unsure of the answer. Facilities, Planning & Construction will complete the rest of the form and return a copy to the requestor for the final approval process. PLEASE NOTE: This form is a request to review a proposed change; it will not be converted into a Project until it receives VP approval. Please make a copy for your records and don't hesitate to call if you need any assistance.

Project Name: _____

Type of Project: _____

Requestor's Name: _____

Title: _____

Phone Number: _____

E-mail: _____

Project Location: _____

Building: _____

Room Number: _____

Project Description: Please provide a detailed description of the requested work with any special requirements. If desired, sketch the proposed changes on a separate sheet and attach with this form.

Justification: _____

Preferred Schedule:

Start Date: _____

Finish Date: _____

Name of Division Director/Dean _____

I have reviewed this request on _____ and approve its submittal.

NOTE: Signature at this stage is not required.



E-mail this form to facilities@tsc.fl.edu . FP&C will review requested scope of work and obtain necessary quotes. Once complete, the total estimated Budget and Transfer request(s) information (if necessary) will be listed below and returned to department for final authorization(s).

Enter Estimated Project Budget Amount = \$

BUDGET APPROVAL & AUTHORIZATIONS:

Upon signing below you are acknowledging that the attached Project Request has been approved for processing and you authorize Facilities, Planning and Construction to proceed with said work and Budget Transfer(s) if necessary.

Check indicates this request has received Executive Team approval on

Requesting Vice President

Date

Vice President Administrative Services

Date

FUNDING SOURCE:

Construction Account *(Provided by Facilities Planning & Construction Office)*

If Construction Account is selected, STOP HERE-Your form is COMPLETE. Please forward to Facilities Planning & Construction Office.

Other

Account Number _____

GL Code(s) _____.

Account Name _____

If Funding Source is "DEPARTMENT" OR "OTHER", please obtain appropriate Budget Manager approval below and forward form to FP&C Office.

Budget/Account Manager

Date