

**SPECIAL PROJECT ESTIMATE REQUEST**

**FORM 1**

Alterations, Modifications, Construction **Use this form only for projects totaling \$500 or more.**

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**TO:** Facilities, TTU Box 5041

**DATE:**

**REQUESTOR:**

**E-MAIL:**

**DEPARTMENT:**

**PHONE:**

**BOX:**

**ACCOUNT NO.(s):**

**BUILDING/AREA:**

**ROOM NO./AREA:**

**DESCRIPTION OF WORK REQUESTED:** (Provide sketches where applicable and requested time frame for proposed work to be completed. Attach additional sheets if necessary.)

**REQUESTOR SIGNATURE:**

**DEPARTMENTAL CHAIRPERSON  
SIGNATURE REQUIRED:**

**DEAN/ADMINISTRATIVE OFFICER  
SIGNATURE REQUIRED:**

**VICE-PRESIDENT  
SIGNATURE REQUIRED:**

(VP approval required only for projects totaling \$5,000 or more)

**Please return the completed/approved form to Facilities & Business Services, TTU Box 5041, for cost estimate.**