

PROJECT REQUEST



**Tennessee
TECH**

DATE: _____

PROJECT BUILDING/AREA: _____ ROOM/AREA: _____

REQUESTOR: _____ BOX: _____

DEPARTMENT: _____ PHONE: _____ EMAIL: _____

PROJECT SCOPE REQUESTED: *(Please provide sketches if available and time frame requested.)*

	SIGNATURE	PRINTED NAME	DATE
Requestor			
Dept. Chairperson			
Dean/Admin. Officer			
Provost/Vice President*			

* Projects >\$5,000 require approval of the responsible department Vice President

Please submit the completed form to capitalprojects@tnitech.edu

Department Use Only

Assoc. VP of Facilities			
Director of Capital Projects			

Project Manager Assigned: _____ Date: _____

Project Number Assigned: _____