

PROJECT REQUEST



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 return the completed form to Capital Projects, TTU Box 5011, Attn: Director of Capital Projects

Department Use Only

Director of Capital Projects			
Assoc. VP of Facilities			

Project Manager Assigned: _____ Date: _____
 Project Number Assigned: _____