



**SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873**

**Facilities Management
Project Request Form**

Date _____

Requester: _____

Phone: _____

Contact: _____
(if other than requester)

Phone: _____

E-mail: _____

Department/Organization: _____

Mail Stop: _____

Work Location: Building/Floor/Area: _____

Requested Project Description: _____

Drawings attached? Yes ____ No ____

Estimate Requested Before Proceeding? Yes ____ No ____

**Estimates will only be provided for work that exceeds \$1,000 and is approved by the VP/Provost

Departmental Charge Index # _____

Account Custodian Approval _____ Date: _____

Department Chair Approval _____ Date: _____

Dean/Director Approval _____ Date: _____

VP/Provost Approval _____ Date: _____

Please submit completed form to Facilities Management, Mail Stop 7700.