

Project and Space Request Form Idaho State University

Requestor Responsibility: (all fields must be completed)	
Request Date: _____	Requesting Department(s): _____
Requestor(s): _____	Phone: _____ Email: _____
<u>Request- Executive Summary (attach additional sheet as needed):</u>	
<u>Objective(s): what will this request accomplish?</u>	
<u>Type and Amount of Space Needed:</u>	
<u>Funding Sources (Project will be denied w/o funding source):</u> _____	
<u>Business Officer (Name & Signature):</u> _____	
<u>Required Approvals:</u>	
Chair /Department: Name _____	Signature _____
Dean/Director: Name _____	Signature _____
Provost/V.P.: Name _____	Signature _____
Return to Facilities Service, Stop 8137	

Campus Planning Council (CPC) Action:
<input type="checkbox"/> Approved for feasibility report <input type="checkbox"/> Denied <input type="checkbox"/> Re-submit with the following recommendations:
Explanation for action:

Reviewed by:	Reviewer	Estimate
Facilities Planning/Design/Construction		
Facilities Operations		
Facilities Safety & compliance		
IT		
Public Safety		
Purchasing		