



Project Request Form

(Please Complete All of Section I)

Department of Facilities Management

This form is to be used to request capital construction requiring the use of external contractor services in accordance with the Public Tender Act. Minor construction or maintenance work should be requested via a Service/Materials Authorization (SMA), available by calling Work Control at 864-7600. Failing to comply may result in delays. Please request or download a new form for each project. Please do not copy.

Section I: CLIENT SECTION - To Be Completed By The Requestor **Project #**

Contact Name:		Phone No.:	
Email:		Fax No.:	
Requestor's Name:		Phone No.:	
Email:		Fax No.:	
Faculty/Department		FOAPAL No.:	

Building Name / Area Of Work Required:	Room(s)

Detailed Description of Work Required: (describe the scope of work, including architectural, electrical, communications, heating/cooling, space or moving works. Include any sketches, plans or product data.)

Reason For Work Requested:

Check if this is a CFI funded request.
 Note: Costs for estimates are recoverable from the requestor regardless of whether funding approval is granted.

Proposed Start Date:		Proposed Completion Date:	
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Rationale For Date:

<p>Proceed Without Estimate: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>Must Be Completed</i></p> <p>Signature of Requestor: <input style="width: 100%;" type="text"/></p> <p>Departmental Authorization: <input style="width: 100%;" type="text"/></p> <p>Name (Please Print): <input style="width: 100%;" type="text"/></p> <p>Date: <input style="width: 100%;" type="text"/></p>	<p>Indicate Type (Required)</p> <p>Budgetary <input type="checkbox"/> (+/- 25%) These are rough costs based on area of work and do not have elemental breakdowns of items.</p> <p>Detailed: <input type="checkbox"/> (+/- 10%) These estimates involve development of detailed construction elements, quantities and unit costs. A detailed estimate may significantly increase the time and cost required to complete the estimate.</p>
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Section II: FACILITIES MANAGEMENT (Internal) - To Be Completed By Facilities Management

Date Received:	<input type="checkbox"/> Scanned To File	Assigned To:	Date:
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