

REQUEST FOR PROFESSIONAL SERVICES

(For Physical Facilities Use Only)

Proj ID: _____ BLDG INDEX: _____ Campus: _____ Project Delivery Method: _____
 PM: _____ TEAM: _____
 PROJECT TITLE: _____

DATE: _____
 PROJECT LOCATION: _____ BLDG: _____ ROOM/AREA: _____
 DEPARTMENT NAME: _____ ORG UNIT #: _____
 CONTACT PERSON: _____ PHONE: _____ EMAIL: _____

DESCRIBE SCOPE OF WORK FOR WHICH SERVICES IS REQUESTED:

CONSTRUCTION SCHEDULE REQUESTED:

WORK WINDOW: YEAR: _____ FALL WINTER SPRING SUMMER OTHER
AND / OR START DATE: _____ FINISH DATE: _____
 SPECIAL REQUIREMENTS: _____

DEPARTMENT AUTHORIZATION:

The requesting department authorizes Physical Facilities to proceed as indicated below. Check the box that applies and provide funding amount and source as required. If more than one source of funds is used, indicate percentage or amount of each.

- Physical Facilities to provide a free ballpark estimate. (Source of funds and Business Mgr signature not necessary)
- Physical Facilities to proceed with project management and design.
(Provide amount, if limited, and source of funds. Expenses will begin at receipt of RPS.)
- Physical Facilities to proceed with project management, design, and construction as long as the total project budget is less than the amount indicated. (Provide amount and source of funds. Expenses will begin at receipt of RPS.)

} \$

FUND	COST CENTER	GL ACCT	STAT ORDER	% or AMT breakdown
UNIT BUSINESS MANAGER (signature)		(printed name)		DATE
DIRECTOR / DEPT. HEAD				DATE
DEAN / VICE PRESIDENT				DATE

(For Physical Facilities Use Only, Contains Master Data)

PFFA AUTHORIZATION TO PROCEED: _____ APPROVAL DATE		FUNDING LABEL(s): _____	
FUND #	WBSE	DESIGN WORK ORDER #	MID #