

## REQUEST FOR PROFESSIONAL SERVICES

Proj ID: _____	BLDG INDEX: _____	Project Delivery Method: _____
<i>(For Physical Facilities Use Only)</i>		
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)*

<b>PFBO AUTHORIZATION TO PROCEED:</b> _____ APPROVAL <span style="float: right;">DATE</span>	<b>FUNDING LABEL(s):</b> _____		
<b>FUND #</b>	<b>WBSE</b>	<b>DESIGN WORK ORDER #</b>	<b>MID #</b>