



ECKERD COLLEGE

PROJECT REQUEST AND AUTHORIZATION FORM

WO # _____	PROJECT #: _____				
I. REQUEST FOR BUDGET – (completed by requestor)					
DEPARTMENT	ACCOUNT CODE				
REQUESTOR	EXT.				
DATE OF REQUEST	REQUESTED COMPLETION DATE				
CRITICALITY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Life/Safety</td> <td style="width:25%;">Bldg/Asset Preservation</td> <td style="width:25%;">New Staff/Faculty</td> <td style="width:25%;">Other</td> </tr> </table>	Life/Safety	Bldg/Asset Preservation	New Staff/Faculty	Other
Life/Safety	Bldg/Asset Preservation	New Staff/Faculty	Other		
BUILDING	FLOOR(S)				
	ROOM(S)				
DESCRIPTION OF WORK: <i>(include location, size, quantity, schedule, etc.; attach sketch if needed)</i>					

BENEFITS TO BE DERIVED FROM PROJECT:					

OTHER PROJECTS AT SAME LOCATION (Scheduled, in progress, or recently completed):					

<i>Approval for Submission for Budget Only:</i>					
DEPARTMENT HEAD: _____	DATE: _____				
II. CONCEPTUAL BUDGET & SCHEDULE - (completed by Facilities)					
Materials/ Equipment	\$				
Labor	\$				
TOTAL COST	\$				
SCHEDULE: _____					
DATE: _____ <i>(The not-to-exceed budget provided herein is valid for 90 days. The scope of work included in this budget is detailed on the attached budget and/or project scope.)</i>					
NOTE: _____					
III. FUNDING					
<u>DEPARTMENTAL FUNDS</u>	<u>PLANNING & CONSTRUCTION REVIEW</u>				
ACCOUNT TO CHARGE: <u>11001-</u> _____	<i>Indicates account # is valid, approval is by an individual authorized to approve expenditures against this account, & budget funds exist in the pooled budget that includes the account.</i>				
APPROVED BY: _____ DEPARTMENT HEAD					
DATE	REVIEWED BY: _____ WILLIAM MCKENNA				
	DATE				