

# FACILITIES IMPROVEMENTS / MODIFICATIONS REQUEST FORM

**Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submitted By:** \_\_\_\_\_

**Target Completion Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Capital Budget #:** \_\_\_\_\_

**VP approval to price project:**  
\_\_\_\_\_

**Budget Amount:** \_\_\_\_\_

**Capital Contingency:** Yes  No

## Administration Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Project Manager:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Describe the scope and timeframe of your proposed project: