

Facility Services

PROJECT PLANNING RENOVATIONS & CONSTRUCTION FORM

Date: _____

Requesting Faculty/Department: _____

Person Requesting: _____ ext. _____

Contact Person: _____ ext. _____

Project Location – Building: _____

Floor(s): _____ Room #(s): _____

Do you want Facility Services to consider all accessibility features that are available? YES NO

Proposal Description:

Reason for Requisition:

SERVICES REQUISITION

Planning Estimating Design & Tendering Construction/Implementation

APPROVALS (complete this section for Planning & Estimating services requested above - **must** be signed)

Administrative/Department Head

Dean/Director

FUNDING APPROVAL (complete this section for Design, Tendering & Construction services requested above - **must** be signed)

Account Number(s) funds will be sourced from: _____, _____, _____

Approved Budget(s): _____, _____, _____

Administrative/Department Head

Dean/Director

VP – Academic/Operations

Submit Form To: Patricia Roberts (ext. 2158)
E-Mail: probrts@uwindsor.ca