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ARIZONA STATE UNIVERSITY
POLYTECHNIC CAMPUS

CAPITAL PROJECT REQUEST FOR ESTIMATE

(This form is used for all requests for estimate)

Project No. (if already assigned) _____ **Project Manager** (if already assigned) _____

College/Department: _____ **Date:** _____

Requestor/Contact Name: _____ **Phone:** _____

E-Mail: _____ **Fax No:** _____

Campus Mail Code: **4680** **New Project:** ☐ **Project Revision:** ☐

Building Name and Number:				
Room Number(s):				
Space is currently assigned to the College?	Yes	☐	No	☐
Space is currently assigned to the Department?	Yes	☐	No	☐
Faculty Name(s) (if applicable):				
Hire Date (if applicable):				
Required Project Completion Date:				
Intended Source of Funding:* (insert area/org)				
Current Space Type (office, lab, classroom, etc):				
Proposed Space Type (office, lab, classroom, etc):				

Project Description: (include brief description of the scope of the renovation, and any special requirements, i.e., special air conditioning, lab equipment, built-ins, electrical capacity/voltage, alarms, datacom/telephones, furniture, etc.)

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Project Justification: (Include relationship to University or College/Department strategic initiatives).

Alternative options:

Consequences of not funding:

The Chair/Unit Head, Dean/Director, and Executive Director signatures are required before project is estimated and before it can move on for approval. When signed, submit to Poly FacMan for processing —mail code 4680; Fax 480-727-1114.

Approval Signatures:

Chair / Unit Head _____ Date: _____

Dean / Director: _____ Date: _____

*Form cannot be processed until a source of funding is identified.

Authorizing Signatures:

Poly FacMan: _____ Date: _____

Director: _____ Date: _____

Rev. 08/11

Please return this signed form to Facilities Management, mail code 4680 or fax to 480-727-1114.