



Campus Facilities
 Planning, Design & Construction
Project Request Form

(Please fill and print)

Number: _____
PM/Dept: _____

From (Department): _____ **Date** _____

Address: _____

Project Location - Building Name: _____ **Room #/Address** _____

Project Description

Project Justification

Services Requested: Consultation Preliminary Estimate Final Estimate Implementation

Desired Completion Date: _____ If other than routine scheduling is required, please explain.

Explanation

Project Contact Person _____ **Phone:** _____

Project Requested by _____ **Phone:** _____

MoCode Authorized Signer Approval

Mo Code PS Account Amount \$ No funding identified at this time.

Printed/Typed Name _____

Signature _____ Date _____

Academic Dean or Director Approval

Printed/Typed Name _____

Signature _____ Date _____

Return form, with approval signatures, via campus mail to Planning, Design & Construction, E111 General Services Building or scan a fully signed copy and email it to: umcefpoffice@missouri.edu; please mail hard copy if submitted electronically. For questions regarding this form please call PD&C at 882-2228

Chancellor's Staff Approval (If necessary for project implementation, PD&C staff will procure appropriate signature)

Name _____

Signature _____ Date _____