

Project Request Form

Submit to SPAC@uhd.edu

Date: _____

Requester's Name: _____ Email: _____ Phone: _____

Department: _____ Building & Room #: _____

Dept Vice President/Dean Name & Signature: _____

Proposed Scope of Work:

Name

Signature

--

For FM use only

Cost Estimate: _____

Custodial: MEP: Building Operation: Project Management:

Adjusted Scope of Work:

--