Arkansas Tech University Construction Management smabry1@atu.edu 479.968.0261

## **Construction Project Request Form**

Requestor completes Section A and return to Sandy Mabry, Construction Manager, Facilities Management. Construction Manager returns form with estimate to Requestor. All approval signatures must be obtained and form returned to Construction Manager before project will begin.

Section A											
Requestor:			Today's Dat								
Campus Address:							Depa	rtment	:		
Phone:	e:		Fax:			En	nail:				
Project Start		Project End									
Date:					Project Location:						
Project Description:											
			roject be funded? Indicate Index and Account Num							pelow.	
Index:		Account Number:									
Must have these signatures to process estimate.											
Requestor Signature:										Date:	
Dean/Director Signature:									Date:		
Requestor's VP Signature:									Date:		
VP Administration and									1	Date:	
Finance Signature:											
IMPORTANT NOTE-PLEASE READ AND INITIAL BELOW											
The Project Estimate Form is to be used for major renovations or construction that may change the											
layout or function of a building. ATU Facilities Management-Construction Manager provides estimates											
only and not guaranteed prices. The price provided on this form is an ESTIMATE ONLY. When firm bids											
are received, the actual cost could be higher or lower. Furthermore, any change to the scope of work											
will increase the cost of the project. The estimate is provided in good faith and to the best ability of											
FAMA/Construction Manager. An <u>ESTIMATE</u> of a project's cost provided by FAMA/Construction											
Manager <u>does not constitute APPROVAL TO PROCEED WITH THE PROJECT</u> . <u>Approval to proceed with</u> <u>the project must be provided with appropriate signatures.</u>											
I have read and understand the above instructions.											
Requestor's Initials:			Date:								
Section B											
APPROVAL FOR PROJECT AS DESCRIBED ABOVE WITH AN ESTIMATED											
	COST OF:						\$				
Signature of Requestor:								Dat	Date:		
Signature of Dean/Directo			ır:						Date:		
Signature of Requestor's V			:					Date:			
Signature of VP Administration and Financ									Date:		
							For C	Office Use Only			
							Date	Receiv	-		
							Cost Estimate:				
									By:		