

Arkansas Tech University
 Construction Management
facilities@atu.edu
 479.968.0261

Construction Project Request Form

Please fill in all the blanks in Section A and return to Facilities Management. Once an estimate is generated the form will be returned to you. You will need then to complete the signatures in Section B before construction will begin.

Section A

Requestor:				Today's Date:	
Campus Address:			Department:		
Phone:		Fax:		Email:	
Desired Project Start Date:		Desired Project End Date:		Project Location:	
Project Description:					

How will this project be funded? Indicate Index and Account Number below.

Index:		Account Number:	
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Must have these signatures to process estimate.

Requestor Signature:		Date:	
Dean/Director Signature:		Date:	
Requestor's VP Signature:		Date:	
VP Administration and Finance Signature:		Date:	

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 ***ESTIMATE*** of a project's cost provided by FAMA/Construction Manager ***does not constitute APPROVAL TO PROCEED WITH THE PROJECT. Approval to proceed with the project must be provided with appropriate signatures.***

I have read and understand the above instructions.

Requestor's Initials:		Date:	
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Section B

APPROVAL FOR PROJECT AS DESCRIBED ABOVE WITH AN ESTIMATED COST OF:			\$
Signature of Requestor:		Date:	
Signature of Dean/Director:		Date:	
Signature of Requestor's VP:		Date:	
Signature of VP Administration and Finance:		Date:	

For Office Use Only

Date Received:	
TMA Wo:	
Assigned to:	