

Murray State University  
Department for Facilities Management  
Renovation Request Form

Date \_\_\_\_\_

Section I ±Project Description

1. We request a survey be made for the following work.

Location \_\_\_\_\_

2. Source of Funds \_\_\_\_\_

3. Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

4. \_\_\_\_\_  
'HSDUWPHQW +HDG¶V 6LJQDWXUH

\_\_\_\_\_  
Department

5. \_\_\_\_\_  
Approved Dean & Director

Please attach any available sketches, drawings, detail requirements  
and written justification of the work to be accomplished.

Section II ± Facilities Operations

Cost Estimate \_\_\_\_\_

\_\_\_\_\_  
Date Signature

Section III ±Facilities Design & Construction

Request No. \_\_\_\_\_

\_\_\_\_\_  
Date Signature

Section IV ± Director of Facilities Management

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature

Section V ±Project Number \_\_\_\_\_

Section VI ±Vice President  
Finance & Administrative Services

\_\_\_\_\_  
Date Signature

# Renovation Request Form Instructions

A Renovation Request Form must be completed for any project whose total cost is estimated to exceed \$500. The Request should be initiated and Section I completed by the department making the request.

N3N

1. Detailed description of the project, including the Location (building and room number)
2. Source of funds ACCOUNT NUMBER
3. N