

**PROJECT REQUEST FORM**

Project Number \_\_\_\_\_  
*(Assigned by Planning, Design & Construction)*

All construction, renovations, modifications or changes to existing facilities of Missouri State University requires this form to be completed before work on the project may begin. The initiating department should complete this form, obtain the proper signatures, indicate the funding source and submit this form to the **Office of Planning, Design & Construction** in the Burgess House.

**PROJECT INFORMATION**

**BUILDING TO BE MODIFIED:** \_\_\_\_\_

**DEPARTMENT REQUESTING MODIFICATION:** \_\_\_\_\_

**PROJECT CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Describe overall project request. Identify specific use, room numbers and detail of modifications requested:**

**PROJECT FUNDING**

**FUNDING SOURCE:** \_\_\_\_\_ **FUNDS AVAILABLE:** \_\_\_\_\_  
*(FOAPAL Required)*

**FUNDING SOURCE TITLE:** \_\_\_\_\_

**FOAPAL APPROVER:** (Print Name) \_\_\_\_\_

Is this project being funded by a grant?  Yes  No

Will this project be paid for using any federal funds?  Yes  No

**APPROVING SIGNATURES**

\_\_\_\_\_  
Department Head/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President/Provost *(Required)*

\_\_\_\_\_  
Date

**At least one signature above must include FOAPAL Approver**

Date received in Planning, Design & Construction: \_\_\_\_\_

**REVIEW DATE:** Facilities Management: \_\_\_\_\_

**ASSIGN TO:**  Work Management: Date: \_\_\_\_\_ Work Order #: \_\_\_\_\_

Planning, Design & Construction Project Manager: \_\_\_\_\_

**REMARKS:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

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