



## REQUEST FOR CAPITAL IMPROVEMENT PROJECTS

Campus/Dept: \_\_\_\_\_

Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Desired cost: \$ \_\_\_\_\_

Funding source:  Local campus  Department  Capital Improvement

Budget code: \_\_\_\_\_

### Attachments:

Site plan:  Yes  No Floor Plan:  Yes  No Specifications:  Yes  No

### Campus Approvals & Comments:

Principal/Director: \_\_\_\_\_

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

**AFTER CAMPUS OR DEPARTMENT APPROVAL, PLEASE FORWARD FORM TO  
MAINTENANCE & OPERATIONS FOR PROCESSING**

Division of Instruction: (if required) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Maintenance & Operations: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Superintendent/Associate Superintendent: \_\_\_\_\_

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

Budget Amendment needed?:  Yes  No Budget Code: \_\_\_\_\_

Construction Department Final Project Estimate: \$ \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

**NOTE: ALL PROJECTS REQUIRE THE APPROVAL OF THE SUPERINTENDENT OR ASSISTANT  
SUPERINTENDENT BEFORE ANY CONSTRUCTION CAN TAKE PLACE.**