

Classroom Refresh Funding Request

PMF/TAP/Overhead: ☐ CCS-F0262 ☐ FPC-F0307 ☐ FS-F1102

Requestor (Your Name):			Date:			
Project Title:						
Building Name & #:						
New Project:	Existing Project #:			Existing WO#		
□ Yes □ No						
Project Description/Scope	(attach a	ny estimate prior t	o request):			
Chart Data		End Date:			Function Financial Classacut Data	
Start Date:		End	Date:	Expect	ed Financial Closeout Date:	
Materials & Services:			Previous Appro	oveq.		
Contingency:			Revised TPC:			
Project Mgmt Fee:			☐ 6%: <\$300K or A/E Studies; ☐ 5%: \$301K- \$1M; ☐ 3%: >\$1			
Total Requested:			·			
Signatures:						
Dir Space Management & Analysis Date			9	Red	commended for Approval:	
					Yes □ No	
Asst VC/VP Planning Date				Red	commended for Approval:	
					Yes □ No	
Sr Assoc VC/VP Facilities/Construction Mgmt Date					commended for Approval:	
Jacob vey vi Tacintica, construction mignit Date					Yes No	
					103 🗀 110	
For Business Services only:						
Funding Source:						
New Project Cost Center:						
Balances as of:						