



Renovation/Cost Estimate Request

Facilities Planning No. _____

Date Request Submitted: _____

Requesting Department/Division: *(Attach a separate sheet if necessary)*

Requestor Name: _____ Signature: _____

Contact Person: _____ Telephone: _____ Office/Room No: _____

Renovation Location: Building(s): _____ Room No(s): _____

Desired Date of Completion: _____ Requestor's Priority: _____

Priority Comments: _____

Purpose of Renovations: _____

Funding Source For Renovations: Department/Division Grant Account No: _____

Preliminary Approval of Renovations: *(To be Obtained Before Submittal of Request to Facilities Management)*

The Vice President/Dean must approve the renovation concept before forwarding the request for the Cost Estimate to MCG Facilities Management.

<i>Approval Routing</i>	<i>Signature</i>	<i>Approval</i>	<i>Date</i>
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1. Dept. Chair./Div. Dir.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Vice Pres./Dean: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Facilities Management Actions:

Date Request Received: _____ Cost Estimate No: _____

Estimate Prepared By: _____ Date Prepared: _____

Estimated Cost \$ _____ Date Returned to Requestor: _____

Basis for Estimate: Outside Contract In-House Contract Other

Comments: _____

Renovation Request Approvals:	Signature	Priority	Date
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1. Dept. Chair./Div. Dir.: _____			
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Comments: _____

2. Vice Pres./Dean: _____			
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Comments: _____

President's Action on Request: Approved Disapproved

Signature: _____ Date: _____

Request Routing Summary:

Date Renovation/Cost Estimate Request prepared: _____

Date Received by Facilities Management: _____

Date Renovation/Cost Estimate Prepared: _____

Date of Action by the MCG President: _____

Date Construction Number Assigned by Facilities Management: _____ No: _____