



SMCCCD FACILITY PROJECT REQUEST FORM

College: _____

Requestor Name & Title: _____

Division or Work Area Name: _____

Building Name / Number _____

Specific Room Number(s) (if applicable) _____

Request Date: _____

Is this an emergency (imminent threat to persons, property or equipment)?

If an emergency, do not complete this form. Please contact Facilities immediately at ext. 6113

Please provide a brief description of the work you would like to have done. Please include any pricing or cost estimates you may have:

Multiple empty lines for providing a description of the work.

Has this need been articulated via Program Review, Student Learning Outcomes, or other institutional planning documents? If so, please attach a copy of the relevant section of the document.

Submitted by: _____
Signature Date

Dean or Administrator Approval: _____
Signature Date

Campus Facility Manager's estimated project cost: _____

PROJECT AUTHORIZATION

President / Vice-President

Vice-Chancellor, Facilities Planning, Maintenance & Operations

Account Code to fund work: _____