



MINOR REPAIRS REQUEST FORM
BIENNIUM 09-11

Instructions: Fill out this form completely and forward to Amy Van Dyke, Box 358520. If you require additional space, please attach supplementary pages to this form.

Department Name:
Date of Request:
Contact Person:
Phone:
Email:

PROJECT SCOPE

Narrative:

Project Amount:
Fund Source:

PROJECT NAME:

Building:
Room:
Square Footage:
Rate Used:
Total Estimate:

Will this project require temporary relocation of faculty or staff? _____

Will this project require specialized or additional operations and maintenance cost? If yes, please explain.