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Facilities and Services

# Project Request Form

## Directions

Please complete all sections. This form should be completed, signed, scanned, and submitted via email to [fsprojects@nmsu.edu](mailto:fsprojects@nmsu.edu) or printed, signed, and placed in interoffice mail to: Facilities & Services (FS), MSC 3545, Attn: Project Development and Engineering.

## Request Information

College / Division: \_\_\_\_\_ Department: \_\_\_\_\_ Dept Org: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Index: \_\_\_\_\_ Amount Allocated for Project: \_\_\_\_\_

*Per NMSU Policy 1A.05.30: for projects \$10,000 or greater, the funds will be transferred from department's index to a new plant fund index under Facilities and Services Project org (500760).*

## Project Information

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Budgetary Estimate (no charge to index) | <input type="checkbox"/> New Construction      | <input type="checkbox"/> Repair / Maintenance Project |
| <input type="checkbox"/> Renovation / Alteration                 | <input type="checkbox"/> Equipment / Furniture | <input type="checkbox"/> Landscape / Site             |
| <input type="checkbox"/> Feasibility Study                       | <input type="checkbox"/> Master Plan           | <input type="checkbox"/> Other: _____                 |

Bldg. / Site Name : \_\_\_\_\_ Bldg. Number: \_\_\_\_\_

Room Number: \_\_\_\_\_ Req. Completion Date: \_\_\_\_\_

If an estimate has been completed for this project request, please list the budgetary estimate Project/Work Order #: \_\_\_\_\_

## Project Description (be detailed, attached sketches, plans, or specs)

## Project Approval

Authorized signature is required for project to be considered.

\_\_\_\_\_  
Dean / AVP Print Name

\_\_\_\_\_  
Dean / AVP Signature

\_\_\_\_\_  
Date

### For Facilities and Services Use Only:

Date Received by FS: _____	AiM Project/Customer Service #: _____
Date Reviewed by Triage: _____	Date Assigned to FS Representative: _____
Date Entered into AiM: _____	FS Representative: _____