Business Affairs
Facilities Planning & Management
Phone: 765-285-1630

BALL STATE UNIVERSITY

FPM ONLY
Rcv'd
Routed PR WO C
PRF#

Project Request Form

Date of Request _____

Requesting Department _____

Contact Name _____ **Contact E-mail** _____

Project Location/Building & Room _____ **Desired Completion Date** _____

FPM SERVICE REQUESTED:

☐ **CONSULTATION** ☐ **PRELIMINARY ESTIMATE** ☐ **SPACE CHANGE***

Please also complete the Space Change Request Form if changing the use of a space

Description of Project/Work Requested

Project Justification

Funding Source:

☐ **College/Department** ☐ **Grant** ☐ **Other** _____

FOAP to be charged _____

Funds available for work: $_____

Requestor Approvals:
Forms will not be processed without required signatures

Dept. Chair/ Director

PRINT NAME	SIGNATURE	DATE

Dean/AVP

PRINT NAME	SIGNATURE	DATE

Return completed form to FPMProject@bsu.edu