

REQUEST FOR AUXILIARY REPAIR/REPLACEMENT

For Approval at BGSU Board of Trustees Meeting

Requested by: _____ Budget Year Requested: _____

College/Area: _____

Department/Program: _____

INDIVIDUAL PROJECT DATA SHEET

Title of Request: _____

Building Area: _____

Scope of Project:

Total Estimated Cost: _____

Estimate prepared by: _____

Justification – Used by:

Recommendation of Plant Operation & Maintenance to Complete Project: (check one)

Maintenance Staff

Outside Contract

Combination

SIGNATURES REQUIRED: Requested by: _____ Date: _____

(Please indicate date signed)

Dean/Director/Chair: _____ Date: _____

Area Vice President: _____ Date: _____