



ARCHITECTURAL & ENGINEERING SERVICES

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A&E Services Use Only

Date Received: _____
Reviewed By: _____
PM Assigned: _____
Project No.: _____
Project Title: _____

Org. I.D. No.: _____
Fund Source: _____

REQUEST FOR SERVICES

PROJECT LOCATION _____

PROJECT (*Attach drawings and/or additional information.*)

DATE SUBMITTED _____

For consideration, all of the following information must be provided.

DEPARTMENT _____

CONTACT PERSON _____ **PHONE NO.** _____

PROJECT COMPLETION NEEDED BY: _____ Fall _____ Spring _____ Summer **Year** _____

ANTICIPATED PROJECT BUDGET: \$ _____

_____ **NEED ESTIMATE?** (*A fee may be required for this service.*)

SOURCE OF FUNDS:

_____ Appropriated \$ _____ Account No. _____
_____ Local \$ _____ Account No. _____
_____ Grant \$ _____
_____ Other Source (Please Specify) _____

PROJECT REVIEWED AND APPROVED BY:

Signature of Department Head Date

Signature of Dean or Director Date