



**Office of Physical Plant
Project Request**

FOR OFFICE USE ONLY		
Date Received:	Received By:	
Project Request No.:	PC:	PM:
PM/PC	P&E's	
PL:	PL:	
Design By:	Akwire:	
Construction By:	Life Safety: Yes _____ No _____	
Life Safety: Yes _____ No _____	BAS: Yes _____ No _____	
TNS Request: Yes _____ No _____		
Akwire:		
BAS: Yes _____ No _____		

Please complete items 1 through 13; obtain your Facilities Coordinator's signature (item 12) and required approval signatures per policy FN18 for direct billing (item13). Forward completed form to:

UP Campus Request: Kirstin Steele, 128A Physical Plant Bldg, oppprojectdesk@mymail.psu.edu, or fax to 814-865-5785
Commonwealth Campus Request: Janine Hansel, jah69@psu.edu, or fax to 814-865-3794.

1. Work Location:

Campus:	Bldg. No.:	Bldg. Name:	Room No.(s):	Primary Use:
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2. Project Name/Request (Short Description):

3. Project Description/Scope (Long Description): (Sketch or Plan attached: YES ☐ NO ☐)

4. Facilities Coordinator:	Department Address:	Email Address:	Phone No.:
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5. Project Contact:	Department Address:	Email Address:	Phone No.:
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6. Financial Responsibility:	Department Address:	Email Address:	Phone No.:
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7. Customer Estimate: _____ **Funding Comments:** _____

8. Copy To:	Department Address:	Email Address:	Phone No.:
Copy To:	Department Address:	Email Address:	Phone No.:
Copy To:	Department Address:	Email Address:	Phone No.:
Copy To:	Department Address:	Email Address:	Phone No.:

9. Facility Available for Construction:

From: _____ To: _____
mm/dd/yy mm/dd/yy

10. Desired Construction Completion By:

_____ Comments: _____
mm/dd/yy

11. Desired Action to be Taken (Select ONE of the following):

- ☐ FEASIBILITY STUDY (i.e., Scoping Estimate; Feasibility Study; Survey; Permit Application; etc.)
- ☐ DESIGN (Design and Inspection Fees incurred will be billed at actual cost.)
Complete item #13, Direct Billing Authorization.
- ☐ QUOTATION/CONSTRUCTION (Requires payment in full/Confirming Quotation will be issued after estimate is complete)
Complete item #13, Direct Billing Authorization and include Authorized Amount.

12. APPROVAL (Facilities Coordinator Signature): _____

Date: _____
mm/dd/yy

13A. Direct Billing Authorization

Billing Address: _____
(Print Clearly)

<u>Dept. Ref. No.</u>	<u>Dept. No.</u>	<u>Fund Name</u>	<u>Fund No.</u>	<u>Obj. Cl.</u>	<u>Proj. No.</u>	<u>Authorized Amount</u>
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*I authorize this expenditure and it
complies with University policy.*

*Sufficient funds will exist for this expenditure
and it complies with University fiscal policies.*

Budget Executive/Budget Administrator	Date	Financial Officer	Date
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OR

13B. Customer Standing Order Number _____, (direct billing authorization on file at OPP) if minor project is less than \$25,000.

Instructions

- A. Complete Items 1 through 13.
- B. Objective of Request (Item 2): Use this space to identify what objective is expected to be met as a result of this project (e.g., conversion of an existing conference room into two private offices, provide a cooling water system for laboratory equipment, etc.).
- C. Desired Construction Completion Date (Item 10): A date should be provided for this request, unless the request is not for construction activity. OPP will not process if completion date is not provided. "ASAP" is not considered a valid completion date. If construction activity is not included in the request, write "N/A" in the space provided for the date. If a date is provided, identify in the space provided events or criteria that are dependent on this date (e.g., work must be completed before class begins in the fall semester, availability of funding expires with current fiscal year, space assigned to new personnel who will start on January 1, 1993, etc.).
- D. Funding (Items 6, 7, 12, & 13A): Use these spaces to identify funding source, customer estimate of project cost, and funding comments such as expiration date if applicable, not-to-exceed amount if applicable, etc.
- E. Funding (Item 13B): Funding information for minor projects less than \$25,000.

OPP USE ONLY: MM: _____ CATEGORY CODE: _____ KEY PERFORMANCE INDICATOR: _____