



Minnesota State University, Mankato

# Project Request

Date of Request \_\_\_\_\_ Requested Completion Date \_\_\_\_\_

Requester \_\_\_\_\_ Department \_\_\_\_\_

Recommended Funding Source or Cost Center \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Building \_\_\_\_\_ Room(s) \_\_\_\_\_ Division Priority \_\_\_\_\_

**Describe the scope of work. Include any special considerations we should be aware of like telephones, computer, electrical, plumbing, heating and cooling, and equipment. [attach additional information and/or sketch(s)]:**

Large empty rectangular area for describing the project scope and special considerations.

College Dean or Administrative Service Unit Director	Date
Division Vice President	Date