

# SPECIAL PROJECT ESTIMATE REQUEST

FORM 1

Alterations, Modifications, Construction **Use this form only for projects totaling \$500 or more.**

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TO: Michael Nivens, Facilities, TTU Box 5041

DATE:

REQUESTOR:

E-MAIL:

DEPARTMENT:

PHONE:

BOX:

ACCOUNT NO.(s):

BUILDING/AREA:

ROOM NO./AREA:

**DESCRIPTION OF WORK REQUESTED:** (Provide sketches where applicable and requested time frame for proposed work to be completed. Attach additional sheets if necessary.)

REQUESTOR SIGNATURE:

DEPARTMENTAL CHAIRPERSON  
SIGNATURE REQUIRED:

DEAN/ADMINISTRATIVE OFFICER  
SIGNATURE REQUIRED:

VICE-PRESIDENT  
SIGNATURE REQUIRED:

(VP approval required only for projects totaling \$5,000 or more)

**Please return the completed/approved form to Michael Nivens, Facilities & Business Services, TTU Box 5041, for cost estimate.**