## UNT HEALTH SCIENCE CENTER CONSTRUCTION AND SPACE RE-ALLOCATION

Request Date:	
Requesting Department:	
Contact Person:	
Phone Number:	Department Director/Chairman Signature
CONSTRUCTION / RENOVATION BUILDING:_	ROOM/SUITE
Description of Request:	
Source of Funds:	Account Number:
SPACE RE-ALLOCATION Does this require space com	nmittee approval?
FORMS SUBMITTED TO SPACE COMMITTEE FOR	APPROVAL
<b>Type of Space:</b> Research Office	☐ Clinical ☐ Teaching
Will This Request Require:	Yes / No
<ol> <li>Additional space</li> <li>Additional telephone / computer equipment or wiring</li> <li>Moving furniture and equipment</li> <li>Purchase of new furniture or equipment</li> <li>Consideration of patient care needs</li> <li>Consideration of biomedical research</li> <li>Move or purchase AV equipment</li> <li>Additional security</li> </ol>	
REQUIRED APPR	ROVAL FOR ESTIMATE
Appropriate Dean or Vice President  * Please Complete All Of The Above	Provost, Dr. Thomas Yorio*(if academic space)  e Prior To Submitting To Facilities Management*
Facilities De	epartment Use Only
FINAL APPROVAL FOR CONSTRUCT	TION START AND BUDGET TRANSFERS
ESTIMATED COST:	Stephen Barrett VP of Operations
The request and all design documentation has been reviewe	ed and approved by the following:
Biomedical Communications Construction Services Facilities Director	Telecom/Information Technology Services Safety Office Utilities & Energy Management

Facilities & Fleet Services