

FACILITIES & SAFETY

UIMP/CARRY FORWARD FUNDING REQUEST

Project #: _____ Date: _____ Original Request _____ Additional Funding (Justification Required) _____
 Request/Project Title: _____ Duration: Less than 6 months _____ More than 6 months _____
 F&S Unit (Department): _____
 Requestor Name/Project Manager: _____
 Request/Project Description/Schedule (Provide All Supporting Documentation): _____

Miscellaneous Description (non-project related): _____

Item	Vendor	Amount
Design		
Construction		
Professional Services		
Building Code (BCO)		
State Fire Marshal (SFM)		
Telecom		
Installation		
Delivery		
Miscellaneous (see miscellaneous description above)		
Project Total:		

REQUESTOR USE ONLY	AVP USE ONLY	FSBO USE ONLY
PROJECTS ONLY		
Qualifications Basis selection:	AVP Carryforward	Funds Transferred to Department (CF only)
GCQuotes	Utilities Infrastructure/Minor Projects	Funds Transferred to: Project #
Criteria-based selection	Deferred Maintenance	FSBO will process Purchase Orders
Rotation	FY/Activity Type	
	AVP Signature _____ Date _____	Reviewer1 _____ Reviewer 2 _____