



PROJECT REQUEST FORM

Justification of Work Requested:

(Please provide a brief justification of the need for the work requested. Include factors regarding the urgency of need that affect the priority that should be applied to the work.)

Department Supervisor Signature Approval:

Name: _____

Signature: _____

Title: _____

Date: _____

Vice President Signature Approval:

Name: _____

Signature: _____

Title: _____

Date: _____

Part II: Cost and Estimate Approvals

Plant Operations and Maintenance Project Estimate (Budget Purposes Only):

Is this project technically and legally feasible? Yes ___ No ___

Meeting Requested to Clarify Scope of Work? Yes ___ No ___

Cost Estimate:

In House/Local Contract _____ Materials/Constr. Costs _____

Design Costs _____ Contingency _____

Labor Hours _____ Total Cost _____

Interim Director of Plant Operations and Maintenance Signature Approval

Date

Vice President of Finance and Administration Signature Approval

Date