



Project Request Form

Texas A&M University – Texarkana

Project		Requesting Department	
Contact	Title	Phone #	Email

Project Justification & Description

Details

Expected Duration	
Location on TAMUT campus*	
Funding Source	
Other	

*Include drawings/sketches of proposed location if available.

Concerns

Fire & Life Safety	Right of Way	Contract (HUB/Non-HUB)
Property	Security	Licensing
Demolition	Supervision	Lease Agreement
Construction	Inherently Dangerous	Purchasing
Utilities	Reputational Risk	Financial Impact

Requestor

Requestor
<i>Printed Name</i> <i>Signature</i> <i>Date</i>

Requesting Department Director (if applicable)
<i>Printed Name</i> <i>Signature</i> <i>Date</i>

Approval

Environmental, Health & Safety
<i>Printed Name</i> <i>Signature</i> <i>Date</i>

Vice President Finance & Administration
<i>Printed Name</i> <i>Signature</i> <i>Date</i>

FOR ADMINISTRATIVE USE ONLY

BOTH BOXES MUST BE CHECKED BEFORE WORK BEGINS

QUOTE(S) ATTACHED
 SCOPE OF WORK ATTACHED