## **WTAMU Facility Space Related Action Request**



Requesting Department:	Date:		
Name:	Phone:		
Email:			
Date space related action is needed:			
Type of request:  request for newly assigned space request for modification of existing space (e.g. furn spaces, renovation) request for movement of personnel	niture move, re-confi	iguration of work	
Description of Space Needed:			
Capacity  Classroom Laboratory Conference Room Storage Assembly/Auditorium Other	Capacity	Office Capacity Study	
Space will be used by:			
Faculty Staff Research	Student	Other	
Will there need to be any remodeling or enhancements to accomplete Yes No	ommodate the propose	ed use?	
Request Authorization Signature: Requesting Person		Date:	
Department Head		Date:	
Division Head		Date:	
Space Management Committee Recommendation to VPF&B:			
VP for Business & Finance Comments:			

1)	Briefly describe how the space will be used or why the new additional space is needed (drawing, floor plans, designs, or programming may be attached).	
2)	Please indicate any required utilities and special physical conditions.	
3)	Provide desired adjacencies to other units/programs if necessary.	
4)	Special equipment needed:	
	None needed – will move existing furniture and equipment	
	Need the following items:	
5)	What are your estimated costs to complete this request? (Include the move itself, repairs, renovation, equipment, and furnishings.)	
6)	Source of funds for any renovation or moving costs:	
0)	Source of funds for any renovation of moving costs.	
7)	If a particular space is requested, please identify:	
0)		
8)	What, if any, space will be vacated if a new allocation is made?	
9)	What are the negative consequences if this request is not granted?	

These requests for new space, movement of personnel, or modifications to the space, must be forwarded to the committee chair for space committee review, recommendation approval by the Space Management Committee.