



Office of Information Technology

Department / Unit: _____

Project Start Date: _____

Project Name: _____

Project Number: _____

	Contact Name	Email	Phone
Primary:			
Project Manager:			
Project fund and CC			

Department Fund/Cost ctr: _____ (See charge detail below) Total Charges: _____

Building	Room #	Description	Quantity	Unit Cost	Charge
Contingency (if applicable):					\$0.00

Scope of Work- Please include drawings

Client Signature: _____ Date _____

Name: _____

Department: _____

OIT INTERNAL APPROVALS - REQUIRED

Prepared By _____ Date _____

S _____ ~~Date~~ _____

Business Manager _____ Date _____

CTO _____ Date _____