

Arkansas State University  
Construction Management  
[fmworkorder@astate.edu](mailto:fmworkorder@astate.edu)  
870.972.2066

# Construction Project Request Form

## Section A

Requestor:		Today's Date:	
Campus Address:		Department:	
Phone:		Fax:	
		Email:	
Desired Project Start Date:		Project Location:	
Project Description:			
FOAP:			

**Must have these signatures to process estimate.**

Requestor Signature:		Date:	
Dean/Director Signature:		Date:	

### IMPORTANT NOTE-PLEASE READ AND INITIAL BELOW

The Project Estimate Form is to be used to request renovations or construction projects. Print this form and fill in all the blanks in Section A then return to Facilities Management at [fmworkorder@astate.edu](mailto:fmworkorder@astate.edu). Once an estimate is generated the form will be returned to you. You will then need to complete the signatures in Section B before construction will begin. A-State Facilities Management-Construction Management provides estimates only and not guaranteed prices. The price provided on this form is an ESTIMATE ONLY. When firm bids are received, the actual cost could be higher or lower. Furthermore, any change to the scope of work will increase the cost of the project. The estimate is provided in good faith and subject to market fluctuations. **Approval to proceed with the project must be provided with appropriate signatures. In Section B. Construction management will begin the quote process and schedule design and construction once all signatures are received.**

**I have read and understand the above instructions.**

Requestor's Initials:		Date:	
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## Section B

<b>APPROVAL FOR PROJECT AS DESCRIBED ABOVE WITH AN ESTIMATED COST OF:</b>		\$
Signature of Requestor:		Date:
Signature of Dean/Director:		Date:

### For Office Use Only

Date Received:	
WO #:	
Assigned to:	