Simon Fraser University
FACILITIES SERVICES

PROJECT INITIATING FORM

Requesting Department: ____________________________

Date: mm/dd/yyyy

Originator/Contact: ________________________________

Local: mm/dd/yyyy

Email Address: ________________________________

Campus:

- Burnaby
- Surrey
- Vancouver

PROJECT DESCRIPTION

Building: _______ Room(s): _______

Title of Project: ____________________________

Description of work: ____________________________

ENERGY IMPACT STATEMENT

Will this project affect the utility usage of the facility? Yes ☐ No ☐ Not Sure ☐

Other details: ____________________________

EXPECTED PROJECT COST (Please check only one)

☐ Do you expect to spend LESS than $1500 (no estimate will be provided)

A minimum of 5 working days notification is required

Please sign and provide an account number authorizing work to proceed

Project completion needed by mm/dd/yyyy

Dept. Signing Authority: ____________________________

Print Name: ____________________________

Title: ____________________________

Account Number: ____________________________

Date: mm/dd/yyyy

☐ Do you expect to spend MORE than $1500 (Preliminary estimate will be provided)

An assigned Project Manager will contact you for details

Project estimate needed by mm/dd/yyyy

Dept. Signing Authority: ____________________________

Print Name: ____________________________

Title: ____________________________

Project completion needed by mm/dd/yyyy

Date: mm/dd/yyyy

Please email completed form to fmserv@sfu.ca for processing

Facilities Services - Working to Serve the University