



**DIVISION OF FINANCE AND BUSINESS
OFFICE OF CAMPUS PLANNING
SPACE REQUEST FORM**

Date: _____
Unit: _____

A. REQUESTOR INFORMATION

Name _____
Department _____
Room/Bldg _____
Phone _____
Fax _____
E-mail _____

B. SPACE NEED

Date needed: _____
Estimate of total sq ft needed: _____

Need Duration
(check boxes and fill in where appropriate):

Permanent
 Temporary (Months) 0
 Tied to grant or other funding
 Use pending other renovation
 Other: _____

Number of Spaces:	Office	Faculty	
		Professional	
		Support	
		Dean/Director	
	Laboratory	Instructional	
		Research	
	Other	_____	
			Total

C. SPACE NEED DESCRIPTION (include location and any special requirements)

D. SPACE NEED JUSTIFICATION / UTILIZATION PLAN

E. SPACE TO BE RETURNED TO UNIVERSITY POOL (please indicate any rooms that department will vacate if space request is granted)

F. ANTICIPATED RENOVATION SCOPE

No renovation anticipated
 Renovations anticipated

Paint/Carpet only	_____	x	\$70	\$ _____
Major Renovation*	_____	x	\$100	\$ _____
	Sq ft		\$/sq ft	Estimated total preliminary cost

* Cost includes construction only: A/E fees, abatement, furniture/equipment and ITS costs are additional

G. EQUIPMENT / FURNITURE

Please indicate utilities required in requested space:

Electric Water Computer/Data
 Gas Telephone Other: _____

Please list the furniture and equipment needed for new space:

Item	Quantity	Size	Existing	Purchase
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

H. FUNDING INFORMATION

Account # / Grant ID	Available Funds	Dept Chair/Director/Principal Investigator
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
Total	\$ _____	
	<input type="checkbox"/>	Check if additional, unspecified funding is necessary

I. PLANNED OCCUPANTS

Name	Title	Account	Hrs/wk using space

J. NEGATIVE IMPACTS (describe implications of not filling request)

K. APPROVALS (Please note: Dean or VP required for all requests)

Department Chair or Director _____ date _____
<type name here>

Dean or Vice President _____ date _____
<type name here>

Please submit completed form to Mike Beaton - Office of Campus Planning for evaluation.
Email: mbeaton@uamail.albany.edu Phone: 442-3412

L. DEAN / VP COMMENTS

Request Type

Priority

<i>For Space and Capital Resources Management Office use only</i>	Date Received _____
Proposed Location _____	
Net Sq Ft _____	
Sharing potential _____	
Committee Action:	
Date Assigned _____	