

Duke University School of Medicine

Construction Project Request Form

INSTRUCTIONS: All Departments/Centers/Institutes must use this form for approval of a minor construction projects, (\geq \$25K and $<$ \$100K). Once you have an estimate from E&O (for on-campus space) you will send to somapproval@duke.edu for approval. After you receive approval provide a copy of approval to E&O when you authorize them to proceed.

Section 1 – DEPARTMENT/CENTER/INSTITUTE INFORMATION

BUSINESS MANAGER: _____

DEPT/CENTER/INSTITUTE: _____

BUSINESS MANAGER'S E-MAIL AND PHONE #: _____

Section 2 – PROJECT INFORMATION

BUILDING: _____

ROOMS: _____

FUNDING SOURCE: _____

FUNDING CODE: _____

DETAILS OF PROJECT: (Attach an additional sheet, if needed.)

Section 3 – JUSTIFICATION FOR PROJECT

REASON PROJECT IS NECESSARY:

Section 4 – ADDITIONAL INFORMATION

DESCRIBE ANY ADDITIONAL INFORMATION YOU BELIEVE IS RELEVANT TO THIS REVIEW.
(Attach an additional sheet, if needed.)

Section 5 – SIGNATURES/APPROVALS

BUSINESS MANAGER'S SIGNATURE: _____

CHAIR/DIRECTOR'S SIGNATURE: _____

APPROVED FOR CONCEPT: _____ **DATE:** _____
CONCEPT APPROVAL #: _____

NOT APPROVED FOR CONCEPT

ESTIMATED BUDGET:

BUDGET APPROVED, PROJECT MAY PROCEED _____ **DATE:** _____

BUDGET NOT APPROVED

WORK ORDER NUMBER FOR PRIORITIZATION: _____