**FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE**

**F-2 Facilities Estimate Request**

| **Requestor:**  |  **Phone Extension #:**  | **Date:** |
| --- | --- | --- |
| **Budget Code:** |  | **Budget Year:** |

|  |  |  |
| --- | --- | --- |
| **Please mark box to indicate if this request is for:** | **NEW CONSTRUCTION [ ]  RENOVATION** **[ ]  UPGRADE [ ]**  | **Building Site if new Construction:**  |
| **Desired Completion Date:**  | **Building location:** | **Room number:** |
| **Description of work: (attach additional information if necessary)**  |
| **Estimate Request Approval:** | **Signature:** | Date: |
| **Requestor:** |  |  |
| **Dean:** |  |  |
| **AVP:** |  |  |
| **SVP/VP:** |  |  |
| \*\*After all signatures, please forward to Facilities\*\* |

**FOR FACILITY SERVICES USE ONLY**

**Estimate Number:** **Job Estimate Completion Date:**

| **Contractor** | **Total** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  **TOTAL COST** |  |

**Comments:**

| * **This is only an estimate and not an approval for construction.**
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| --- |
| * **Please allow at least two (2) weeks for receipt of estimate.**
 |
| * **If you wish to seek approval, please submit Form C-21. Utilize budget estimate provided on this document with form.**
 |
| * **Attached additional information as necessary.**
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|  |  |  |
| --- | --- | --- |
| **Estimate Review** | **Signature:** | Date: |
| **Chief of Public Safety & Security:** |  |  |
| **Director of Media Services:** |  |  |
| **AVP of MIS:** |  |  |
| **Director of Facility Services:** |  |  |