



XAVIER UNIVERSITY OF LOUISIANA PROJECT REQUEST FORM

Request Date _____

Department _____ Requested by _____ Phone _____ Fax _____

Location: Building Name & Room Number _____

Department Funding Available Yes No Fund _____ Organization _____ Account _____ Program _____

Type of Request Blinds Carpet Furniture Renovation Repair Signage Other

Description of Request:

Approvals: This form cannot be processed without the following signatures

Dean/Director/Department Chair **Date**

Grant Manager **Date**

Vice President - According to Organizational Chart **Date**
(examples: Academic/Research - V.P. Academic Affairs
Campus Police - V.P. Student Services, etc.)

Vice President Facility Planning & Management **Date**

For Facility Planning & Management Only:

PROJECT MANAGER # _____

COMPLETION DATE _____