Texas Tech University Facilities Allocation Council - Request Form
\*Section to be Completed by the FAC

Item Number:

Meeting Date: **Item Name:** 

Green Request Section to be completed by Requesting Party Return Completed Form to: operations.facrequests@ttu.edu			
Type of Request:	Concept Approval	Funding	Both
Project Name:			
Project Location:			
Requested Funding Amount:		<b>Customer Priority:</b>	
Estimate Source:			<u> </u>
*Fstimate Source ca	n include Operations/Self Estimat	e/Outside Vendor	
*Estimate Source can include Operations/Self Estimate/Outside Vendor			
Construction			
Documents			
Available			
(Attached):			
Date of Request:			
Request Departmen	nt(s):		
Requestor(s):			
Presenter(s):			
Request Description			
Justification/Strategic Impact			

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Meeting Date: Item Name: \*Section to be completed by the FAC Approved: **Date Approved: Approval Comments**