|  |
| --- |
| Date Received: |
| AiM Project #: |

UW Operations

1000 E. University Ave, Dept 3227

Laramie, WY 82071

Phone 307-766-6225 Fax: 307-766-4040

**REQUEST FOR ESTIMATE**

# PART I:

INSTRUCTIONS FOR PART I (completed by department):

1. Complete ALL fields in Part I.
2. Obtain signature of authorizing departmental authority. Email signature is acceptable.
3. Forward to Heather Earl (hearl@uwyo.edu) at the Service Building. For additional information, call 766-6883.
4. A UW Operations representative will contact originator with additional information.

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| --- | --- | --- | --- |
| Request Date: |        | Desired Project Completion Date: |        |
| Originator: |        | Email Address: |        |
| Department Name: |        | Phone Number: |        |
| Job Location – Building: |        | Job Location - Room: |        |
| Job Description: |        |
|        |
|        |

 Date: Department Signature

# PART II: ESTIMATED COSTS

Customer Contacted Date:

(Completed by UW Operations)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimator: |       | Date of Estimate: |       | Estimate is valid for 60 days |
| Estimator Phone Number: |       | Estimate Amount: |       | [ ]  Budgetary purposes only |
| Estimator Comments: | [ ]  See attached memo |       |
|       |

 [ ]  Capital [ ]  Non-Capital (Department will be notified if project is classified as a capital project)

 Date: Manager, Facilities Engineering

# PART III: JOB AUTHORIZATION

INSTRUCTIONS FOR PART III (completed by department):

1. Complete ALL fields in Part III for entire estimated amount.
2. Obtain signature of authorizing departmental authority.
3. Forward to Estimator at the Service Building. \*\*\* Please indicate which fiscal year funds are budgeted:      \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Entity | Fund Class | Fund Source | Org | Exp Class | Program | Activity | Amount (if splitting sources) |
|        |        |        |        |        |        |        |       |
|        |        |        |        |        |        |        |       |
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|  |  |  |
| --- | --- | --- |
| Org | Project (SPO) | Amount (if splitting sources) |
|       |       |       |
|       |       |       |

 Date: Dean, Director, or Dept. Head (Print Name) Dean, Director, or Dept. Head Signature

 [ ] Admin Authorization Required

 Associate VP, UW Operations Date