|  |
| --- |
| 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:      \_\_\_\_\_\_\_\_\_\_\_\_

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

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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