

**XAVIER UNIVERSITY OF LOUISIANA  
PROJECT REQUEST FORM**

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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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Approvals: This form cannot be processed without the following signatures

\_\_\_\_\_  
Dean/Director/Department Chair                                  Date

\_\_\_\_\_  
Grant Manager    Date

\_\_\_\_\_  
Vice President    Date

\_\_\_\_\_  
Vice President Facility Planning & Management                                  Date

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For Facility Planning & Management Only:

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\_\_\_\_\_

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PROJECT MANAGER # \_\_\_\_\_

COMPLETION DATE \_\_\_\_\_

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