



**USF Physical Plant
Space Impact Request**

TELEPHONE 974-4983
FAX 974-3199

DATE _____

REQUESTING DEPARTMENT _____

COLLEGE _____ CAMPUS ADDRESS _____

REQUESTOR _____ PHONE NO. _____

E-MAIL _____ FAX NO. _____

DESCRIPTION OF REQUEST (*INCLUDE SKETCH AND COST ESTIMATE IF APPLICABLE*) _____

REASON FOR REQUEST _____

ANTICIPATED SOURCE OF FUNDS OR GRANT NUMBER _____

SIGNATURES BELOW ARE REQUIRED PRIOR TO REVIEW AND DO NOT IMPLY APPROVAL OF THIS REQUEST

DEAN / DIRECTOR
(PLEASE PRINT) _____ EXT. _____ CAMPUS ADDRESS _____

SIGNATURE _____ DATE _____

AREA VICE PRESIDENT
(PLEASE PRINT) _____ EXT. _____ CAMPUS ADDRESS _____

SIGNATURE _____ DATE _____

**RETURN COMPLETED FORM TO PHYSICAL PLANT OPM 100 OR FAX TO 974-3199
FOR INFORMATION CALL 974-4983**