XAVIER UNIVERSITY OF LOUISIANA
PROJECT REQUEST FORM

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:

_____

_____

_____

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

For Facility Planning & Management Only:

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PROJECT MANAGER # _____ COMPLETION DATE_____

Facility Planning & Management ‡ 1 Drexel Dr. Campus Box 54 New Orleans, LA 70125 ‡ Phone (504) 520-7507 Fax (504) 520-7926