Texas Tech University Facilities Allocation Council - Request Form
*Section to be Completed by the FAC

Item Number:

Meeting Date: **Item Name:**

Green Request Section to be completed by Requesting Party Return Completed Form to: operations.facrequests@ttu.edu								
Type of Request:	Concept Approval	Funding	Both					
Project Name:								
Project Location:								
Requested Funding Amount:		Customer Priority:						
Estimate Source:			<u> </u>					
*Fstimate Source ca	 n include Operations/Self Estimat	e/Outside Vendor						
	n inciade Operanons/seij Estimai	Conside venuoi						
Construction								
Documents								
Available								
(Attached):								
Date of Request:								
Request Departmen	nt(s):							
Requestor(s):								
Presenter(s):								
Request Description	n							
Justification/Strategic Impact								

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Approval Commen	te					
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