K-State Facilities - Space Request Form

Please complete Section I and return to Facilities & Campus Services - Space Management Office For questions or assistance completing this form please call Space Management at 532-6389

Space Request Work Order #: (Assigned by Service Desk)
orage Office Other e Student Student(s)
Student Student(S)
ed) or occupancy of space, etc.
May Require Code Updates Refer for Project Estimate Request Space Alterations not required
commendation Approved Yes No
anagement Initials The Database Change Required

Project Estimate Work Order Created

I. Information & Description: This Section Con	mpleted by Requester		
Name of Requester:	Department:		
Campus Phone #:	Email:		
APPROVAL OF REQUEST (Provost, Dean, VP, etc.)		,	
Name (Print):	Date:		
Signature:	Contact:		
Type of Space Requested (Mark all that apply)			
Classroom Lab Research Meeting/Cor	nference Administration	Storage Office Other	
Space will be used by: Faculty Staff/Administrat	tion Researcher G	raduate Student	
Space Requested (if known):		Dept:	
Description of Space Needs or Space Change: (Attach separate sheet if needed) Include information such as square feet, number of occupants, room use, budget/funding, timeline for occupancy of space, etc.			
II. Recommendations (Attach separate sheet if needed)			
Space Management Recommendations	Notes Condition	Notes Conditions	
		Refer for Project Estimate Request	
		Space Alterations not required	
Conclusion	Notes Conditions	; ¬	
		Recommendation Approved	
		☐ Yes ☐ No	
III. Confirmation of Space Allocation			
Requester:	Date: Sp	pace Management Initials	
Dept Head	Date:	Space Database Change Required	
or Dean:		Campus Moves Work Order Created	

Date:

Facilities: