

DEPARTMENT INFORMATION

Department Name: _____
Contact Name: _____
Title: _____
Phone: _____ Email: _____

SPACE REQUESTED

Square Footage: _____
Desired Configuration: _____
(# of offices/# of cubicles/# of conference rooms/pantry/classrooms/clinic spaces)
User Group: _____
Purpose/Use: _____
(i.e., medical, office, classroom)
Reason Space is Required: _____
New/Renewal/Relocation: _____
Date Space Required: _____
Term (#Years/months): _____
Desired Location: _____
(UPC, HSC, USC Center, Alhambra, etc.)
Parking Requirements: Staff: _____ Visitors: _____
Special requirements: _____
(Signage, after-hours air, exam room/sinks, expansion needs, etc.)

BUDGET

Maximum Monthly Rent Budget: \$ _____
Tenant Improvement Budget: \$ _____
Lease Expense - Anticipated in current Fiscal Year Budget: Yes / No
- To be realigned from another Fiscal Year Budget Category: Yes / No
- Requires New Funding from outside of the Fiscal Year Budget: Yes / No
Lease Expense to be covered by Grant? If yes, amount and payment schedule: _____

APPROVALS

By: _____
School/Department/Program Director Name Signature Date

By: _____
School/Department/Program Director Name Signature Date