

University of Arizona College of Medicine Space Renovation Request Form

Submit to: COM-T Space Committee, College of Medicine – com-t-space@arizona.edu

Department Contact Information	
Department Name/Number	
Contact Name (Last, First)	
Title	
E-mail Address	
Telephone Number	

Renovation Request Information	
Estimate Number from Fac Mgmt	
Estimated Total Cost	
Building Number/Room Number	
Current Room Class	
Proposed Room Class	
Current Room Use	
Proposed Room Use	

Proposed Renovations (description of work being requested)

Expected Timeline (estimated time for completion)

Funding Information		
List all funding sources (Account/Subaccount/Project Code)	Budget Line	Estimated Cost
Account/Subaccount		
Account/Subaccount		
Account/Subaccount		

Provision of Expense Authority

COM-T Space Committee

COM-T Finance