

**Submit**

# Tenant Improvement Funding Request



## Requestor Information

Date	
Name	
Title	
Department ID	
Phone	
Email	
Dept. Chair/Director Name	
Corporate Officer Approver	

## Current Space Information

Building Number/Name	
Building Address	
Floor/Suite	

## Facility Project Requirements

Room/Area Description	
Improvements Requested	
Will there be additional costs not covered by Tenant Improvement, i.e. furniture, equipment, HITS, etc.	
Desired Kick Off Date	
Facilities Contact Where Applicable	

## Real Estate Use Only

Received By	Please choose from dropdown
Date	
TI Balance	
Lease End Date	
Comments/Notes	