

THE COLLEGE OF THE HOLY CROSS
PRELIMINARY CAPITAL REQUEST

Date _____

DEPARTMENT NAME _____

CONTACT PERSON _____ PHONE NO. _____

BUILDING NAME _____ ROOM # _____

SCOPE OF WORK OR SERVICE _____

IMPACT ON OTHERS? IF SO, HOW? _____

DESIRED START DATE _____ DESIRED COMPLETION DATE _____

SKETCH OR PLAN INCLUDED: YES NO

To be completed by Physical Plant

PHYSICAL PLANT COMMENTS AND ESTIMATED COSTS:

WILL THE REQUESTED WORK EFFECT HEATING, VENTILATION, OR A.C.? IF SO, HOW? _____

DEPARTMENT HEAD _____ PHYSICAL PLANT _____

VICE PRES./DEAN _____ TREASURER _____

white - Physical Plant
yellow - Vice President/Treasurer
pink - Originating Department

PHYSICAL PLANT