THE COLLEGE OF THE HOLY CROSS
PRELIMINARY CAPITAL REQUEST

DEPARTMENT NAME

CONTACT PERSON       PHONE NO.

BUILDING NAME       ROOM #

SCOPE OF WORK OR SERVICE

IMPACT ON OTHERS? IF SO, HOW?

DESIGNED START DATE          DESIGNED 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