

Current Date _____

Initiator _____ Email _____ Ext. _____

Department Requesting _____

Dean/Vice President Signature _____

Sr Vice/Provost/President Signature _____

(Required before submission to Facilities Operations)

ROM ESTIMATE Needed for future planning
(click link) [FY2026 ROM FORM](#)

DETAILED ESTIMATE (Budget available, desire to start immediately)

WORK DESCRIPTION:

BUILDING NAME (if applicable): _____

*Include as much detail as possible
such as specs, quotes, etc.*

SPACE CODE/LOCATION (if applicable): _____

OFFICIAL USE ONLY

WORKDAY PROJECT ID

WORK ORDER NUMBER

PROJECT COORDINATOR

BUILDING CODE

DATE COMPLETED

Firm estimates will be obtained upon approval to proceed with the appropriate funding and signatures below.

AUTHORIZATION TO PROCEED							
		Estimate	Change Order #1	Change Order #2	Change Order #3	Revised ROM Total Cost	
Total Project Cost							
Amount	Fund	Cost Center	Ledger Account	Prog.	WorkDay Project ID	Gift	Grant
Transfer to:							
Date to Proceed _____							
DATE OUT	PRINTED NAME			SIGNATURE		DATE	
	Project Coordinator for Estimate						
	Associate Vice President of Facilities			Kimberly Williams			
	CC Manager, Dean, AVP or PI (Up to \$15,000)						
	VP or SVP (Up to \$50,000)						
	CFO or EVP (Up to \$250,000)						
	President (Over \$250,001)						
	Research Office (If Grant Funded)						