

<b>Space Request Number (Assigned by Facilities):</b>		<b>Date of Request:</b>	
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<b>Requesting Division, Department, or Office:</b>	<b>AUMC Cost Center:</b>
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**Explain request objective and how it supports enterprise strategic initiatives:**

**Describe functions to take place in requested space:**

Clinical/Service:  Yes  No      Instruction:  Yes  No      Storage:  Yes  No  
 Research:  Yes  No      Administration:  Yes  No  
 If Yes to Research, List Project ID's:

**Explain type and amount of space needed and/or location preferences:**

**Describe adjacencies that would enhance utility of requested space:**

**Length of time space will be needed: (Note: Include if temp space is needed during renovation.)**

**Identify any space that will be vacated if this request is approved:**

**Will requested space require renovation?**  
 Yes       No

**If Yes, have you completed a Project Request Form?**  
 Yes       No

If "yes", Fill in known information below:  
**Project Request Number:** \_\_\_\_\_      **Total Estimate:** \_\_\_\_\_      **Funding Source:** \_\_\_\_\_

**Is Space Request Grant funded?**  
 Yes       No

**Items below to be filled out by Space Management Committee.**

**Space identified to accommodate request:**

**Space Management Committee Action:**  
 Approved       Denied

**Comments:**

	Name	Signature	Date
<b>Requestor:</b>			
<b>VP   Service Line Director:</b>			
<b>AUMC Chief Operating Officer:</b>			
<b>Chairperson   Space Management Advisory Committee:</b>			