

# Furniture Replacement Request Form

## Requestor's Information

<b>Requestor Name</b>			
<b>Phone</b>		<b>Dean/Director</b>	
<b>Email</b>		<b>Department</b>	

## Project Scope

<b>Please list the building name and room number where replacement is needed.</b>
<b>Please give a brief description of the furniture you are requesting.</b> <i>(Replace broken furniture, purchase new furniture, ergonomic evaluation, reconfigure space, etc.)</i>
<b>What is the requested installation date/timeline? If applicable, please list constraints on the requested schedule.</b>
<b>Please copy/paste verbiage or web link below to reflect where this request is listed on your Program Review (PR).</b>
<b>If applicable, has this request been presented and approved through the SPACES Committee?</b> <i>Replacement and/or change in style of furniture must go through the Spaces Committee F13.0 Spaces Principles and Request Procedure for review and approval. The President will have final approval for the style, color, and type of furniture purchased.</i>
<b>What is the proposed funding source?</b>
<b>What is the proposed budget?</b>
<b>Has a funding request been submitted?</b>

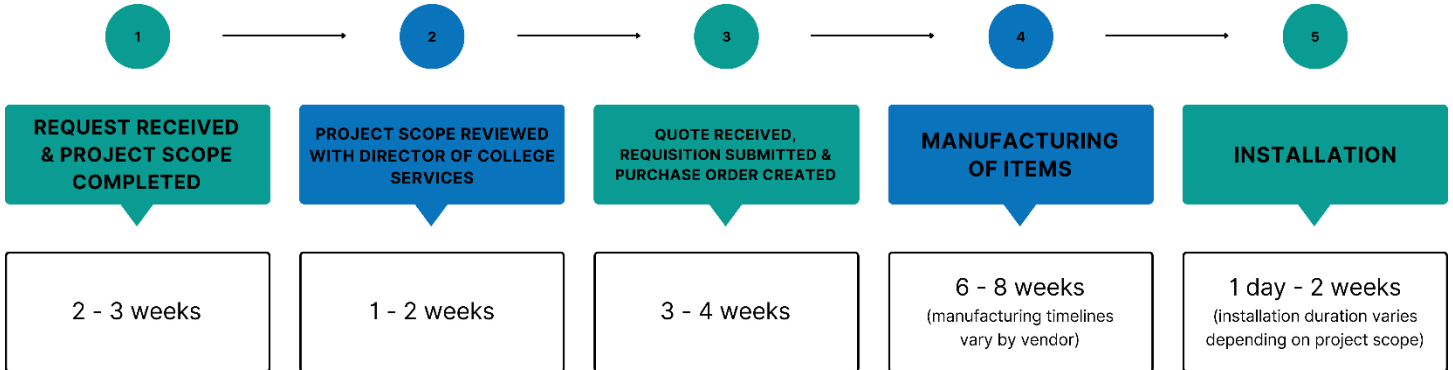
Signature below means the following individuals have reviewed the request.

<b>Dean/Director Signature</b>		<b>Date</b>	
<b>Department VP Signature</b>		<b>Date</b>	
<b>Director of College Services Signature</b>		<b>Date</b>	

Completed forms should be submitted via email to [pac-operations@alamo.edu](mailto:pac-operations@alamo.edu)

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## Furniture Replacement Timeline



*Please note, timeframes are an estimate only and are dependent on the academic calendar, department's schedule, College Operations staff availability, manufacturing times and product/installers availability.*

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