

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY
SPACE ACQUISITION/RELOCATION
REQUEST FORM

Requested by:

Department/Program:

Contact & Phone No.:

Approval:

Executive Cabinet Member

Date

Type of Space: *(Please check appropriate box)*

Classroom

Other:

Description:

Lab

Office

Conference/Meeting

Desired Location:

Space Vacating:

Date Needed By:

Infrastructure Needs:

Power

Data

Phone/Communications

Other: Please Describe

Funding Source: *(If requesting capital funds; subject to Facilities prioritization)*

Department Budget

Request Capital Funds

Other

Department Budget Code:

Justification: *(Please provide brief justification statement; attach additional information as may be necessary)*

APPROVED

Vice President, Administrative Services Date

Facilities Date

9/06/2017