

Departmentally Funded Building Improvements And Adaptions

Please forward to the Director, Property Services Division

(Year)

P/S to complete

A (Department to complete, with assistance from Facilities Manager)

Project Description and Purpose:

Building:

Room(s):

Contact Person:

Estimated Cost:

Funding Source: Departmental

Divisional

Other: _____

Account Code:

Signed (Head of Department):

Department:

Date:

B-1 (Dean, Health Sciences to complete)

Comment:

Supported

Not Supported

Signed:

Date:

B-2 (Pro-Vice-Chancellor to complete)

Comment:

Supported

Not Supported

Signed:

Date:

C (Property Services to complete)

Facilities Manager Comment:

Strategy and Planning Unit Comment:

Property Management Unit Comment:

Director Property Services Division: **Approved** **Declined**

Comment:

Signed:

Date: