



FACILITY/EQUIPMENT MODIFICATION REQUEST FORM

- This form is to be used to request **minor modifications to equipment/furniture or facilities, or for the installation of new equipment requiring system modifications.**
- Projects that are programmatic in nature and are not critical maintenance, repair, or replace-in-kind requests should be requested using the "Facility Project Request Form".
- Requests to repair **existing equipment or facilities** should follow the campus standard process through work order request. <https://facilities.buffalostate.edu/work-orders>

Please return signed form and any attachments to Facilities Operations, Clinton Center 106, fax to (716) 878-5118, or email byercl@buffalostate.edu.

Primary Contact (person to contact for details)

Date: _____

Name: _____ Department: _____

Office Address: _____ Phone no: _____ Email: _____

General Project Information

Requested Location (building and room no.) _____

Detailed Description of Request:

Reason for Request:

Timeline: Earliest possible start date: _____ Desired Completion date: _____

If this Request can be accommodated, I understand that I may have to provide funding from my Department. A separate cost estimate will be provided before proceeding. **Tentative Funding Source Account Number:** _____

Authorized by:

Chair/Supervisor of Department:

Type/Print Name Here

Date

Signature

For Facilities Operations Use Only:

Processed By: _____

Being Evaluated By: _____ Date Given: _____ Determination: _____

Estimate/Quote Provided Date: _____

Funding Provided? Yes / No

Order Number: FO-_____ Shop/Contractor: _____