

# Furniture Request Form

Submit

FRF#

Requestor:   
Phone:   
E-mail:

Department Head:   
Department:   
Office (Bldg./Rm.):

## PART ONE:

Related SAF:#

Does the work requested require any construction, such as moving walls, new flooring, additional electrical or data outlets, lighting, etc.? If so, please provide the SAF # related to this furniture request:

### **LOCATION of new furniture to be provided:**

Building:   
Room:   
Additional Information:

TEXAS STATE UNIVERSITY CAMPUS STANDARDS FOR FURNISHINGS AND OFFICE LAYOUTS (reference page 2) WILL APPLY TO THIS REQUEST.

Do you understand this will apply to your project? Yes No

Provide a basic list and description of furnishings required:

*(NOTE: Items NOT addressed by this form: moving costs, furniture removal, packing/relocating occupants, IT/phone/equipment coordination)*

What is the requested time frame to complete the furniture installation? (NOTE: Furniture orders take 8 - 16 weeks from date of purchase in addition to time required for approvals. Please take this into account.)

What is the anticipated budget for the furniture requested?

Do you understand this will apply to your project? Yes No

Is existing furniture being replaced? Yes No

Does the existing furniture need to be relocated within your department? Yes No

Where will the existing furniture be relocated to?

Does the existing furniture need to be removed to the UDC Warehouse for disposal? Yes No

## **PART TWO: (Filled out by FPDC PM)**

The furniture cost has been based on the scope of work, site visits, specifications and plans per manufacturer's pricing as of the date noted. Price quote will expire 45 days from date and have to be repriced if not approved for purchase.

Furniture Cost:

By approving and providing funding codes below, you authorize FPDC to create a Purchase Requisitions(s)/Funds Commitment(s) on the identified account(s) in the amount not to exceed the total project cost identified above without prior approval and approve and process all invoices.

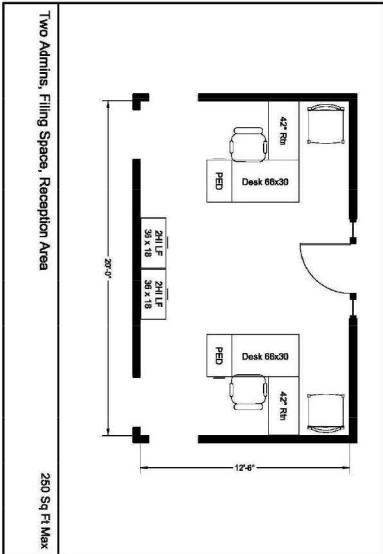
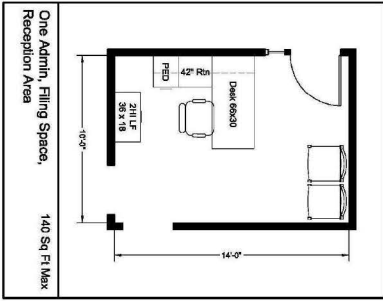
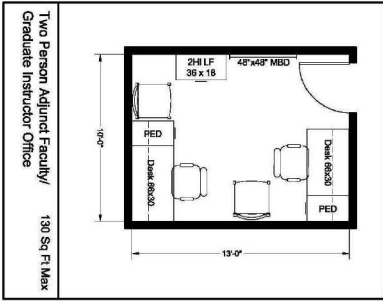
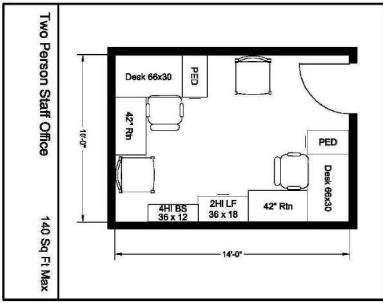
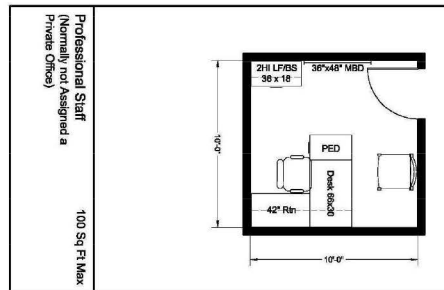
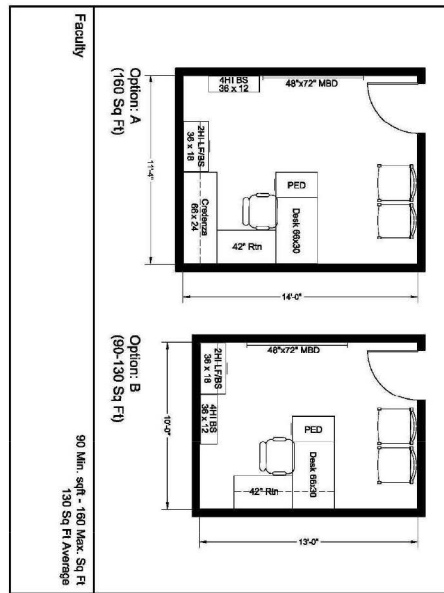
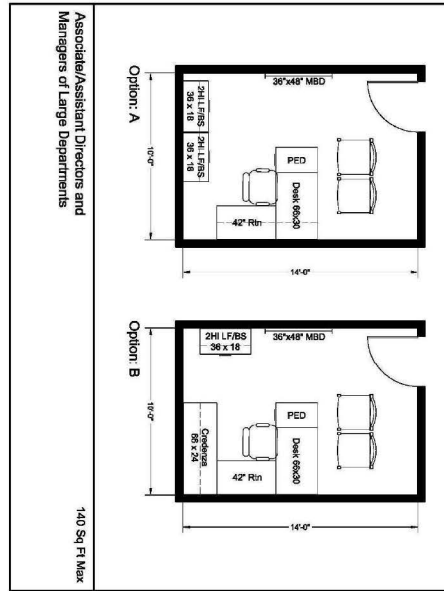
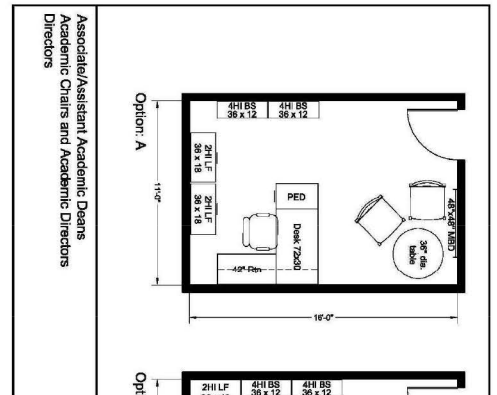
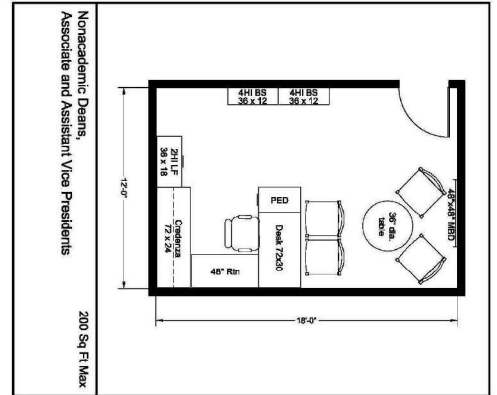
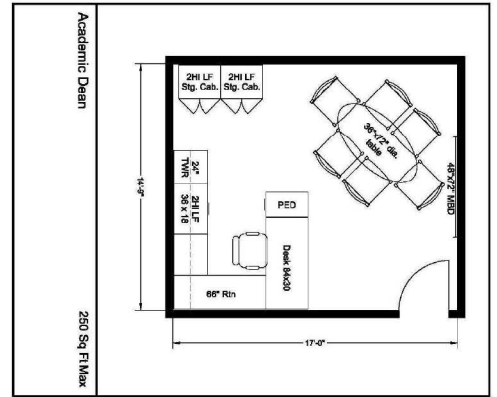
FUNDS AUTHORIZATION:

Funds Account #:  I/O #:  Cost Center #:

Director/Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Internal Department Use:

Design Review:



FOR REFERENCE ONLY

Refer to Texas State Construction Standards Design Guidelines Section 3.03Ci for direction

Furniture  
Request Form  
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