

University of Arizona College of Medicine

Space Renovation Request Form

Submit to: COM-T Space Committee, College of Medicine – com-t-space@arizona.edu

Department Contact Information	
Department Name/Number	
Contact Name (Last, First)	
Title	
E-mail Address	
Telephone Number	

Renovation Request Information	
Estimate Number from Fac Mgmt	
Estimated Total Cost	
Building Number/Room Number	
Current Room Classification	
Proposed Room Classification	

Proposed Renovations (description of work being requested)

Expected Timeline (estimated time for completion)

Funding Information			
List all funding sources (Account/Subaccount/Project Code)		Budget Line	Estimated Cost
Account/Subaccount			
Account/Subaccount			
Account/Subaccount			

Provision of Expense Authority

COM-T Space Committee

COM-T Finance