EXHIBIT A

REQUEST FOR RENOVATIONS AND ALTERATIONS (R&A)

1. ORIGINATING DEPARTMENT

Department Name/VC Area ______________________________________________________

Originator __________________Signature______________________Date_________________

Work Contact_________________Phone___________E-mail_________Mail Code__________

2. PROJECT DESCRIPTION

Description of work to be done (attach sketch or floor plan)__________________________

__________________________________________________________________________

__________________________________________________________________________

Building Name or Number_________________Room Number(s)________________________

Assignable Square Feet (project area, and only if applicable)__________________________

Is this leased space? Y N If Yes, indicate address____________________________________

FD&C Job Number or FM Work Order Number__________Estimated Cost_______________

FD&C/FM Project Manager Name_______________________________________________

3. SOURCE OF FUNDS

Proposed fund source name______________________________________________________

Index________Fund__________Organization________Program________Account___________

(note: for use of 19900 funds see note on back)

Will Federal Funds be used to fund any part of this project? Y N

Will equipment purchased with Federal Funds be installed as part of this project? Y N

Plant Organization number(established by CP&B)___________________________________

4. APPROVALS (route one copy only)

In the following order:

Department Head_________________________________________Date__________________

Director or Dean_________________________________________Date__________________

Capital Planning & Budgeting (0915)___________________________Date_________________

Environment Health & Safety (0920)____________________________

Preliminary(*)_____________________________________________Date__________________

Final______________________________________________________Date__________________

Facilities Design & Construction (0916)

or Facilities Management (0908)

or Medical Center Facilities Engineering (8206)_______________Date_______________
For Leased Space Only:
UCSDMC Facilities Planning & Management (8861)_________________Date_______________
(Medical Center projects only)
Real Estate Development (0982)________________________________Date______________
(general campus, SOM, SIO, and UCSDMC after approval by UCSDMC Facilities Planning and Mgmt.)

(*)budgeting purposes only as final plan review and approval is required

Return signed form to Capital Planning and Budgeting (0915)