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)