

University of Colorado Denver
Space Request Form (SRF)

Exhibit B

Date of Request:	<input type="text"/>	SRF #:	<input type="text"/>			
Requesting Department		Requesting Division				
Dept./Division Head:	Name		Signature			
Dept./Division Contact:	Name		Signature			
Current Location:	Building	Floor	Room Number(s)			
Vacating Current Location:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Additional Space Request						
Reason for Request:	New: <input type="checkbox"/>	Expansion: <input type="checkbox"/>	Other: <input type="checkbox"/>			
Permanent Request:	<input type="checkbox"/>	Temporary Request:	Duration: <input type="text"/>			
Preferred Location:	9th Ave.: <input type="checkbox"/>	Fitz: <input type="checkbox"/>	Leased: <input type="checkbox"/>			
Leased Address:			<input type="text"/>			
FUNCTION						
Assignable Square Feet:	Education	Research Wet	Research Dry	Clinical	Admin/Office	Total Request
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Needs:	Air <input type="checkbox"/>	DI Water <input type="checkbox"/>	Gas <input type="checkbox"/>	Steam <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Other <input type="checkbox"/>
# of FTEs:	Current <input type="text"/>	Future <input type="text"/>				
Justification:	<hr/> <hr/> <hr/> <hr/>					
Funding Sources:	<hr/> <hr/>					
OFFICIAL USE ONLY						
Recommendations:	<hr/> <hr/> <hr/>					
School/CSA/OAA Approval:	<hr/>			Date:	<hr/>	
CSA Approval:	<hr/>			Date:	<hr/>	
Space Assigned:	<hr/> <hr/>					