



UCA Physical Plant Project Estimate Form

Requester: _____		
Campus Address: _____	Department: _____	
Phone: _____	FAX: _____	Email: _____
Today's Date: _____	Project Start Date: _____	Project Location: _____

Project Description: _____

Signature of Requester: _____	Date: _____
Dean / Director Signature: _____	Date: _____
Provost / Vice President: _____	Date: _____
Vice President - Administration: _____	Date: _____
Must have these signatures before estimate can be processed.	

IMPORTANT NOTE – PLEASE READ AND INITIAL BELOW

The Project Estimate Form is to be used for major renovations or construction that may change the layout or function of a building (ex: adding or removing walls, and, in general, projects exceeding \$10,000 cost).

University of Central Arkansas Physical Plant ***provides estimates only and not guaranteed prices.*** The price provided on this form is an ***ESTIMATE ONLY.*** When firm bids are received, the actual cost could be higher or lower. Furthermore, any change to the scope of work will increase the cost of the project. This estimate is provided in good faith and to the best ability of the Physical Plant.

An ***ESTIMATE*** of a project's cost provided by the Physical Plant does not constitute ***APPROVAL TO PROCEED WITH THE PROJECT. Approval to proceed with the project must be provided below with appropriate signatures.***

I have read and understand the above instructions: Initials of Requester: _____ Date: _____

APPROVAL FOR PROJECT AS DESCRIBED ABOVE WITH ESTIMATED COST OF \$ _____	
Signature of Requester: _____	Date: _____
Dean / Director Signature: _____	Date: _____
Provost / Vice President: _____	Date: _____
Vice President - Administration: _____	Date: _____

RETURN TO: Physical Plant Phone: 501-450-3196 FAX: 501-450-5399
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FOR OFFICE USE ONLY	
Date Received:	_____
Cost Estimate:	_____
By:	_____