

## USF-FM PROJECT DEVELOPMENT FORM -- MAJOR PROJECT

**INSTRUCTIONS TO PROJECT MANAGER:**

1. COMPLETE THE PROJECT DEVELOPMENT FORM ENTERING ALL INFORMATION.
2. THE "ENABLE EDITING" CHECK BOX IS USED BY CONTROLLER'S OFFICE TO ENTER ADDITIONAL DEFINITION TO THE PROJECT NUMBER. DO NOT ALTER THE PROJECT ID NUMBER.
3. WHEN A PROJECT REQUIRES MULTIPLE FUNDING SOURCES USE "FUND No 2 - 15" TO PROVIDE ADDITIONAL FUNDING SOURCE CHARTFIELD INFORMATION.
4. REFER TO [PMG-48C](#), [FACILITIES MANAGEMENT PROJECT NUMBER MATRIX](#) CHART FOR ADDITIONAL INFORMATION WHEN ESTABLISHING THE PROJECT NUMBER.
5. SAVE A COPY OF THIS FORM AND THE SUBMITTAL EMAIL FOR YOUR RECORDS.
6. IF A CHANGE IS NEEDED UPDATE THE APPROPRIATE FIELD(S) AND SUBMIT THE UPDATED FORM.

PAGE	<b>1</b>	OF	PAGES
<b>DATE:</b> _____			
<b>USF PM:</b> _____			
EMAIL: _____			
PHONE: _____			

<b>PROJECT ID:</b>	
<input type="checkbox"/> ENABLE EDITING	(AUTO GENERATED PROJECT NUMBER BASED ON SELECTIONS MADE BELOW)
CAMPUS / SITE: _____	
FUNDING: _____	
FUNDING TYPE: _____	
CATEGORY 1: _____	
YEAR: (20xx) _____	
CATEGORY 2: _____	
SERVICE AREA: _____	

**PROJECT NAME:** \_\_\_\_\_

**DESCRIPTION:** \_\_\_\_\_

<b>CATEGORY 1 &amp; 2</b>	300 / 400	USF SYSTEMS (SPECIAL)	380 / 480	ATHLETICS
	310 / 410	ACADEMIC AFFAIRS (PROVOST)	390 / 490	MISC.
<b>OPTIONS:</b>	320 / 420	COLLEGES	5XX	FLORIDA STATE FUNDS, BOND OR GRANT
	330 / 430	USF HEALTH SCIENCE (HEALTH SCIENCES)	6XX	CITF
	340 / 440	OFFICE RESEARCH & INNOVATION (RESEARCH)	7XX	PECO ADA / FIRE CODE
	350 / 450	STUDENT AFFAIRS	8XX	PECO MINOR RENOVATION
	360 / 460	UNIVERSITY ADVANCEMENT	9XX	PECO INFRASTRUCTURE
	370 / 470	BUSINESS & FINANCIAL SERV. (UNIV. SERVICES)		

**DEPARTMENTAL CHART FIELD: (REQUIRED FIELDS IN BOLD TEXT BELOW. \* USE "0" FOR PRODUCT & INITIATIVE UNLESS PROVIDED. \*\* BUDGET REFERENCE RELATES TO FY FUNDING. EX: "FY-2020").**

	<b>FUND No 1:</b> _____	<b>FUND No 2:</b> _____	<b>FUND No 3:</b> _____	<b>FUND No 4:</b> _____	<b>FUND No 5:</b> _____
<b>DEPARTMENT ID:</b> _____					
<b>FUND CODE:</b> _____					
* <b>PRODUCT:</b> _____					
* <b>INITIATIVE:</b> _____					
** <b>BUDGET REFERENCE:</b> _____					

<b>BUDGET ALLOCATION: *</b>	<b>FUND No 1:</b>	<b>FUND No 2:</b>	<b>FUND No 3:</b>	<b>FUND No 4:</b>	<b>FUND No 5:</b>
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* STATE APPROPRIATED FUNDS USE: 88515

<b>TOTAL:</b>	_____	_____	_____	_____	_____
<b>TOTAL THIS PAGE:</b>	_____	_____	_____	_____	_____
<b>*** GRAND TOTAL:</b>	_____	_____	_____	_____	_____

OF \_\_\_\_ PAGES (\*\*\*) USE WITH MULTIPLE PAGES)

<b>ACCOUNTABLE OFFICER:</b>	<b>FUND No 1:</b>	<b>FUND No 2:</b>	<b>FUND No 3:</b>	<b>FUND No 4:</b>	<b>FUND No 5:</b>
<b>NAME:</b> _____	_____	_____	_____	_____	_____
<b>PHONE:</b> _____	_____	_____	_____	_____	_____

<b>PROJECT DATA:</b>	<b>PROJECT PHASE:</b> _____	<b>START DATE:</b> _____
SPACE IMPACT NO: _____	<b>PROJECT STATUS:</b> _____	<b>TARGET CLOSE-OUT:</b> _____
BUILDING: _____	<b>CUSTOMER:</b> _____	<b>ADJUSTED CLOSE-OUT:</b> _____
ROOM: _____		

**DEPARTMENTAL CHART FIELD:** (REQUIRED FIELDS IN **BOLD** TEXT BELOW. \* USE "0" FOR PRODUCT & INITIATIVE UNLESS PROVIDED. \*\* BUDGET REFERENCE RELATES TO FY FUNDING. EX: FY-2020\*)

	FUND No 6	FUND No 7	FUND No 8	FUND No 9	FUND No 10
DEPARTMENT ID :					
FUND CODE :					
* PRODUCT :					
* INITIATIVE :					
** BUDGET REFERENCE :					

BUDGET ALLOCATION:	FUND No 6	FUND No 7	FUND No 8	FUND No 9	FUND No 10
TOTAL:					

\* STATE APPROPRIATED FUNDS USE: 88515

<b>ACCOUNTABLE OFFICER:</b>	FUND No 6	FUND No 7	FUND No 8	FUND No 9	FUND No 10
NAME:					
PHONE:					

**DEPARTMENTAL CHART FIELD:** (REQUIRED FIELDS IN **BOLD** TEXT BELOW. \* USE "0" FOR PRODUCT & INITIATIVE UNLESS PROVIDED. \*\* BUDGET REFERENCE RELATES TO FY FUNDING. EX: FY-2020\*)

	FUND No 11	FUND No 12	FUND No 13	FUND No 14	FUND No 15
DEPARTMENT ID :					
FUND CODE :					
* PRODUCT :					
* INITIATIVE :					
** BUDGET REFERENCE :					

BUDGET ALLOCATION:	FUND No 11	FUND No 12	FUND No 13	FUND No 14	FUND No 15
TOTAL:					

\* STATE APPROPRIATED FUNDS USE: 88515

<b>ACCOUNTABLE OFFICER:</b>	FUND No 11	FUND No 12	FUND No 13	FUND No 14	FUND No 15
NAME:					
PHONE:					

TOTAL THIS PAGE: \_\_\_\_\_

# REQUISITION / CHANGE ORDER REQUEST



**USF** ADMINISTRATIVE SERVICES  
BUSINESS CENTER

**PMG-12Aa**

USF FM-DC PROJECT MANAGEMENT GUIDE  
EDITION: JANUARY 24, 2020

PLEASE ALLOW 1 WEEK FOR PROCESSING THIS REQUISITION/CHANGE ORDER REQUEST (RCO). ADDITIONAL TIME WILL BE REQUIRED FOR REQUESTS EXCEEDING \$1M.

PLEASE COMPLETE A NEW RCO FORM FOR EACH PURCHASE ORDER.

SEND COMPLETED FORM & ALL REQUIRED DOCUMENTATION AS A PDF FILE TO: [ASBC-CONSTRUCTION@USF.EDU](mailto:ASBC-CONSTRUCTION@USF.EDU)

ASBC Use Only	DATE RECEIVED:	DATE ENTERED:	REQUISITION #:
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## **A** PROJECT DETAILS

PROJECT NUMBER (ID): \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

SIR No: \_\_\_\_\_ BUILDING: \_\_\_\_\_ ROOM(S): \_\_\_\_\_

## **B** CUSTOMER DETAILS

ACCOUNTABLE OFFICER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **C** PROJECT MANAGER

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **D** FUNDING SOURCE(S) / CHARTFIELD(S)

	OP UNIT	DEPT	FUND	PRODUCT	INITIATIVE	BUD REF
F-1						
F-2						
F-3						
F-4						
F-5						
F-6						
F-7						
F-8						
F-9						
F-10						
F-11						
F-12						
F-13						
F-14						
F-15						

## **E** REQUEST DETAILS

SERVICE/SCOPE: \_\_\_\_\_

REQ# \_\_\_\_\_ PO# \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE \_\_\_\_\_

REQUISITION ACTION	FUND #	ACTIVITY ID	AMOUNT	CHANGE ORDER DESCRIPTION / NOTES

PO TOTAL: \_\_\_\_\_