FACILITIES MANAGEMENT
FACILITIES MANAGEMENT | UNIVERSITY OF SOUTH FLORIDA
4202 E. FOWLER AVENUE, OPM 100 | TAMPA, FLORIDA 33620-7550

PMG-48A

EDITION: November 2, 2021

PHONE: (813) 974-2845 | WEBSITE: www.usf.edu/fm-dc

USF-FM PROJECT DEVELOPMENT FORM -- MINOR 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 - 5**" 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.

DATE:
USF PM:
EMAIL:
PHONE:

PROJECT ID: CD1400224003xx
☐ ENABLE EDITING
(AUTO GENERATED PROJECT NUMBER BASED ON SELECTIONS MADE BELOW)

CAMPUS / SITE:	TAMPA
FUNDING:	DEPT FUNDS
FUNDING TYPE:	DEPT MINOR
CATEGORY 1:	400
YEAR: (20XX)	22
CATEGORY 2:	400
SERVICE AREA:	Audit & Compliance

PROJECT NAME:

DESCRIPTION:

CATEGORY 1 & 2 OPTIONS:

300 / 400	USF SYSTEMS (SPECIAL)	380 / 480	ATHLETICS
310 / 410	ACADEMIC AFFAIRS (PROVOST)	390 / 490	MISC.
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").

	FUND NO 1:	FUND NO 2:	FUND NO 3:	FUND NO 4:	FUND NO 5:
DEPARTMENT ID:					
FUND CODE:					
* PRODUCT:					
* INITIATIVE:					
** BUDGET REFERENCE:					

BUDGET ALLOCATION: *

	FUND NO 1:	FUND NO 2:	FUND NO 3:	FUND NO 4:	FUND NO 5:
Construction 88510*					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
Make Selection					
* STATE APPROPRIATED FUNDS USE: 88515 TOTAL:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
GRAND TOTAL:	$ 0.00				

Comments / Notes: *

ACCOUNTABLE OFFICER:

	FUND NO 1:	FUND NO 2:	FUND NO 3:	FUND NO 4:	FUND NO 5:
NAME:					
PHONE:					

PROJECT DATA:

SPACE IMPACT NO:		PROJECT PHASE:	Make Selection	START DATE:	
BUILDING:		PROJECT STATUS:	Make Selection	TARGET CLOSE-OUT:	
ROOM:		CUSTOMER:		ADJUSTED CLOSE-OUT:	

CLEAR ALL
SAVE

EMAIL LINK: R Gonzalez | S Berrian | E Wilkerson | S Lafferty | A Manning

Requisition / Change Order Request

USF ADMINISTRATIVE SERVICES BUSINESS CENTER

PMG-12Aa

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Edition: February 7, 2020

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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**

ASBC Use Only Date Received: Date Entered: Requisition #:

A Project Details

Project Number (ID): **CD1400224003xx**

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 1 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 1 | Print Request Form

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A Project Details

Project Number (ID): CD1400224003xx

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 2 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 2 | Print Request Form

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ASBC Use Only Date Received: Date Entered: Requisition #:

A Project Details

Project Number (ID): CD1400224003xx

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 3 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 3 Print Request Form

Requisition / Change Order Request

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ASBC Use Only Date Received: Date Entered: Requisition #:

A Project Details

Project Number (ID): CD1400224003xx

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 4 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 4 Print Request Form

Requisition / Change Order Request

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A Project Details

Project Number (ID): **CD1400224003xx**

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 5 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 5 | Print Request Form

Requisition / Change Order Request

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A Project Details

Project Number (ID): **CD1400224003xx**

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 6 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 6 | Print Request Form

Requisition / Change Order Request

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ASBC Use Only Date Received: Date Entered: Requisition #:

A Project Details

Project Number (ID): CD1400224003xx

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 7 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 7 | Print Request Form

Requisition / Change Order Request

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A Project Details

Project Number (ID): **CD1400224003xx**

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 8 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 8 Print Request Form

Requisition / Change Order Request

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A Project Details

Project Number (ID): **CD1400224003xx**

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 9 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 9 | Print Request Form

Requisition / Change Order Request

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A Project Details

Project Number (ID): CD1400224003xx

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	TPA					
F-2	---					
F-3	---					
F-4	---					
F-5	---					

E Request 10 Details

Is This Request for Emergency Repairs ?: Select

Req#: _____ PO#: _____

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Service/Scope:

Requisition Action		Fund #	Activity ID	Amount	Change Order Description / Notes
Select	Select	Select	Select		
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			PO Total:	$ 0.00	

Clear Request 10 Print Request Form