
PROJECT AUTHORIZATION FORM

EHSO Project #:**Project Authorization Form Revision #:****Building Location:****Project Name:**

PROJECT TYPE: Please check one or more of the following boxes: Asbestos Lead Mold Other (please describe)

Project Description/Scope:

Required Start Date:**Required Completion Date:**

Vendor:**Proposal/Contract#:****Vendor Address:**

Estimated Cost	Original Cost	Change Order Cost	Change order date	Total	Approval Initials



PROJECT AUTHORIZATION FORM

DEPARTMENTAL APPROVAL

This section must be filled out completely for project to be initiated by EHSO

Requester:

Phone #:

Requester Location:

Contact Person for Work Details:

Phone #:

Department:

Capital Project

Non-Capital Project

Other (Please Describe):

Speed-type

Work Order

Purchase Order #

NOTES:

- Invoices for environmental services associated with this project will be approved in the Environmental Health and Safety Office.
- For Campus Services, all supporting documentation pertaining to the invoices listed on this form will be forwarded to Campus Services through CS Payment Processing.
- For all others, all supporting documents pertaining to the invoices on this form will be forwarded to the Requester or whomever the Requester designates.

Signature:

Date: