

**MIAMI DADE COLLEGE
FACILITIES PLANNING
CAMPUS SUPPORT SERVICES
MEDICAL CENTER
QUICK JOB**

Parameters:

Limited Scope: Construction Value Less than \$15,000.00
Time span: 6 Weeks or less
Staff: In House/State Contract

To be Project # _____ (To be assigned by Facilities Planning)

Date submitted _____

Project Name _____

Fund Source/Year _____

Project Description: _____

Requested Occupancy Date _____

Survey Approved: Yes _____ No _____ **Recommendation #** _____

Ed Specs/Specifications (signed by Campus Personnel). Please attach.

Preliminary Cost Estimate (Director of Construction) _____

Impact of Construction _____

Originator _____ **Date** _____ **Phone #** _____ **Fax #** _____

Planner _____ **Date** _____ **Phone #** _____ **Fax #** _____

Campus Support Services Director _____ **Date** _____

Dean for Administration _____ **Date** _____

(Signature)

Please forward to:

Gary Gosnell
Senior Facilities Planner
Facilities Management

Room # L-106

Kendall Campus

Reviewed by:

Senior Facilities Planning _____ **Date** _____

Facilities Design/Const. _____ **Date** _____

Note: If the estimated cost exceeds \$15,000.00, FUND 1 or other funds need to be used.

Revised: 10/01/00

Students First