

DESIGN AND INTERIOR PROJECT MANAGEMENT SERVICE REQUEST

Requesting Agency: _____ Phone: _____
Mailing Address: _____
Title of Project: _____
Short description of project: _____
Short description of proposed project, such as: Complete remodel due to new leased space

Scope of work required (Please attach more detailed description if more space is needed.)

Requesting Agency _____ Date _____
By _____
(Please Print Name of agency supervisor)
Signature: _____
Signature of agency supervisor _____ Title _____ Phone _____

Forward this completed form to Interior Project Managers at:

Email to: WorkSpace.Planning@oregon.gov

Or mail to: DAS Real Estate Services, 1225 Ferry Street SE, U100, Salem, OR 97301-4281

DAS USE ONLY

- Interior Project Manager will acknowledge that your request is received and schedule an initial meeting.
- A Project Authorization Request form (located at <http://www.gov/DAS/Pages/Forms.aspx>) will be required prior to project start date, for Project Authorization Committee review and approval. _____
(Meeting Date)

Est. Start Date: _____ Est. Completion Date: _____

DAS internal accounting: PCA: _____ Project/Phase _____

DAS EAM Interior Project Manager: _____

DAS Project Manager Signature