Facility Improvement Request

Com	plete	all s	ection	S.
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Approved
Disapproved FS Office Use Only

Section A						
Date of Request:				Work Order #		
Campus/Facility:					Red	quired for approval.
Campus/Facility C						
Campus/Facility C	ontact Email:			Phone#:		
Specific location o	f improvement: i.e. gyr	m, front office, room #, e	tc.			
Brief Description:	attach drawings, photos, c	or additional detailed writ	ten descriptions.			
Will this imp	rovement require any ar	nual upkeep costs to	the district?		Yes	_No
If so, what is	s the estimated annual co	osts of the upkeep?			\$	
	Funding information us or Administrative Fu		:		Total	Cost of Project
					\$	
	of Donor - i.e. PTSA/E	Booster Club, etc			\$	
Check List of A		ription of proposed in edgment Form	lete the attached forms	:		
If contracting	ng an outside vendor,	additional forms may	/ also be required:	Is this	an Appro	oved LISD Vendor?
List that	all vendors				Yes	No No No
	Certificate of Insurance Felony Conviction No Permit requirements a ADA requirements, if Request For Amende	tification of Vendor and completed copic required	es of all city forms			
Approvals Require	d:					
Campus Prin	cipal/Administrator	Date	Facility Services	Zone Manager		Date
Assistant Chi	ef of Schools	Date	Director of Facilit	y Services		Date