

**Duke University/Duke University Health System
Project Request Form**

Project Code _____
Project Name _____ (40 max)
BFR Code (0010 only) _____
Start Date _____ Finish Date _____
Responsible Person _____
Document Recipient _____
Applicant _____
Company Code _____ (ASP) Profit Center _____
Estimated Project Cost \$ _____ Responsible Cost Center _____

(O) Gross Square Footage - New Construction _____
(O) Gross Square Footage - Renovation _____
(O) Net Useable Square Footage - New _____
(O) Net Useable Square Footage - Renovation _____
(O) Duke Architect _____
(O) Outside Architect _____
(O) Duke Department Contact _____

ADA Project? Yes No (Check one)
Deferred Maintenance Project? Yes No (Check one)

(O) Duke Project Manager (Design) _____
(O) Duke Project Manager (Construction) _____
(O) University Division _____

User Status PAPP
Submitted by _____
Phone number _____ Email _____

ASP Information:
(ASP) Valid From _____ (ASP) Valid To: 06/30/2024 (ASP) Balance Update _Y_
(ASP) Fund Major Group _P_ (ASP) Fund Purpose Ext _U or A_
(ASP) Expendable __N__ (ASP) Fund Group _____
(ASP) Fund Category _____ (ASP) Fund Class _____ (ASP) Fund Tier ____

(O) Optional (ASP) to be completed by Accounting Systems & Procedures