



**RIALTO UNIFIED SCHOOL DISTRICT-M&O**

625 W. Rialto Avenue • Rialto, CA 92376 • Office (909) 820-7863 • Fax (909) 874-9104

**PROJECT & ESTIMATE REQUEST FORM**

SITE / SCHOOL FACILITY	DATE OF REQUEST
SITE ADMINISTRATOR / PROGRAM DIRECTOR	CONTACT PHONE NO.

**SECTION I: PROJECT DETAILS** *(To be completed by site/school)*

PROJECT TITLE	
DESCRIBE PROPOSED PROJECT OR IMPROVEMENT	
ATTACHMENTS: <input type="checkbox"/> SITE MAP/PLANS <input type="checkbox"/> PHOTOS <input type="checkbox"/> VENDOR CATALOG SHEETS <input type="checkbox"/> DETAILED WRITTEN DESCRIPTION <input type="checkbox"/> OTHER	
REASON FOR PROJECT <input type="checkbox"/> ADA ACCOMMODATION <input type="checkbox"/> CORRECTION TO SAFETY DEFICIENCY <input type="checkbox"/> FACILITY IMPROVEMENT <input type="checkbox"/> OTHER (DESCRIBE)	
DESIRED PROJECT START DATE	DESIRED COMPLETION DATE
INDICATE ANY SCHEDULING CONCERNS	
FUNDING SOURCE(S) FOR PROJECT	ARE FUNDS AVAILABLE NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
FUNDING ACCOUNT NO.	BUDGET LIMIT

**SECTION II: PROJECT SCOPE APPROVAL** *(To be completed before an estimate is obtained)*

**SITE / DEPARTMENT ADMINISTRATOR**

SIGNATURE	PRINTED NAME
TITLE	DATE

**SITE / DEPARTMENT SUPERVISOR**

SIGNATURE	PRINTED NAME
TITLE	DATE

**SECTION III: ESTIMATE DETAILS** *(To be completed by Facilities Planning/M&O)*

ESTIMATE AMOUNT	PURCHASE ORDER NUMBER
SOURCE OF ESTIMATE (VENDOR / CONTRACTOR)	
NOTES	

**SECTION IV: NOTICE TO PROCEED WITH PROJECT**

**FISCAL SERVICES**

SIGNATURE	PRINTED NAME
TITLE	DATE

**RISK MANAGEMENT**

SIGNATURE	PRINTED NAME
TITLE	DATE

**STUDENT SERVICES / SAFETY & SUPERVISION**

SIGNATURE	PRINTED NAME
TITLE	DATE

**MAINTENANCE & OPERATIONS / FACILITIES**

SIGNATURE	PRINTED NAME
TITLE	DATE

**EDUCATIONAL SERVICES**

SIGNATURE	PRINTED NAME
TITLE	DATE

**BUSINESS SERVICES**

SIGNATURE	PRINTED NAME
TITLE	DATE

**CONDITIONS OF APPROVAL OR REASON(S) FOR DENIAL:**

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