



Office Of Facilities & Capital Projects

## SPACE / FURNITURE / ART & MOVE REQUEST FORM

<b>Date of Request</b>	<b>Type Of Request</b>	Space Request Furniture Move Request Renovation Art*
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**Requesting Department**

**Requestor's Title**

**Requestor's Location - Campus**

**Bldg:**

**Room No:**

**Requestor's Contact - Phone**

**E-mail**

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**Reason for Request - explain (Attach more information, if needed)**

**Description of the Objectives of the Request (If move is requested, please describe current & proposed location)**

**\*All art related requests to be approved by University Curator, Kim de Beaumont ([kdebeaumont@pace.edu](mailto:kdebeaumont@pace.edu))**

**Location for the Request:**

**Building Name:**

**Room Number**

**VP/Dean Approval Name:**

**Signature**

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**Processing Instructions: Forward Original Copy to Marja Fumo - 163 William Street, 4th Floor Facilities and Capital Projects Suite (Email: mfumo@pace.edu Tel #: 212-346-1394); For art related requests please copy University Curator Kim de Beaumont (Email: kdebeaumont@pace.edu).**

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**Assigned PM (for internal use only)**