



UW Operations
 1000 E. University Ave, Dept 3227
 Laramie, WY 82071
 Phone 307-766-6225 Fax: 307-766-4040

Date Received:	12.3.24
AiM Project #:	25-12308

REQUEST FOR ESTIMATE

PART I:

INSTRUCTIONS FOR PART I (completed by department):

1. Complete ALL fields in Part I.
2. Obtain signature of authorizing departmental authority. Email signature is acceptable.
3. Forward to Heather Earl (hearl@uwyo.edu) at the Service Building. For additional information, call 766-6883.
4. A UW Operations representative will contact originator with additional information.

Request Date:	12/3/24	Desired Project Completion Date:	06/31/25
Originator:	Emily Leinen, Innovation Wyrkshop	Email Address:	eschmid@uwyo.edu
Department Name:	CEPS	Phone Number:	3077666460
Job Location - Building:	EERB	Job Location - Room:	Room #122
Job Description:	Switch out a single phase 125V outlet with a 208v single phase outlet.		

Megan Baker

Date: 12/3/2024

Department Signature

PART II:

ESTIMATED COSTS

Customer Contacted Date:

(Completed by UW Operations)

Estimator:		Date of Estimate:		Estimate is valid for 60 days
Estimator Phone Number:		Estimate Amount:	\$1000 ⁰⁰	<input checked="" type="checkbox"/> Budgetary purposes only
Estimator Comments:	<input type="checkbox"/> See attached memo			

CEPS Engineering Initiative Funding

Capital

Non-Capital (Department will be notified if project is classified as a capital project)

[Signature]

Date: 12/10/24

Manager, Facilities Engineering

PART III:

JOB AUTHORIZATION

INSTRUCTIONS FOR PART III (completed by department):

1. Complete ALL fields in Part III for entire estimated amount.
2. Obtain signature of authorizing departmental authority.
3. Forward to Estimator at the Service Building. *** Please indicate which fiscal year funds are budgeted: _____

Entity	Fund Class	Fund Source	Org	Exp Class	Program	Activity	Amount (if splitting sources)

Org	Project (SPO)	Amount (if splitting sources)

 Dean, Director, or Dept. Head (Print Name)

 Dean, Director, or Dept. Head Signature

Date: _____

Admin Authorization Required

 Associate VP, UW Operations

Date: _____