ADMINISTRATIVE SERVICES/STATE BUILDING DIVISION
SPACE MANAGEMENT / PLANNING

SPACE MOVE REQUEST/REVIEW/WORK ORDER

NEBRASKA Administrative Services
State Building Division

Agency Number
Requesting Agency Name
Current Address:

Point of Contact Name
Phone No.
Space Design Work to be done by:
- ☑ SBD Space Planning, if available
- ☐ Other:

If Other, Provide Contact Name and Phone No.

Funding Source

Desired Move Date

Current Location:

Desired Location – Same or New:
If new, provide complete address:
Desired Length of Occupancy:
Type of Space Required (Office, Laboratory, Storage, Etc.):
Current No. of Employees: Anticipated No. of Employees:
Existing Space Deficiencies:

Special Requirements:

Description the function of this Space:

Justification for Request:

RECEIVED FOR REVIEW by
AS/SBD SPACE PLANNING DEPARTMENT:

_____
AS/SBD Administrator

Date Acknowledged: _____

Project Mgr Assigned to: _____

Project Number: _____

Date: _____ _____
Requesting Agency Director or Authorized Signor Signature

For State Building Division Use Only

Space Planner Assigned: _____

Additional Instructions:
_____
_____
_____

Date: _____ Signed: _____ Operations Manager

Corrigo Input_____ E-mailed copy _____ Copy Scanned _____ Processed by _____