

State of Nebraska
Administrative Services - State Building Division
Leasing Requisition



Date Submitted:

Requesting Agency:

Agency Contact:

Phone:

Move-In Goal Date:

Rent Payment Business Unit:

Please mark **one** of the following:

<input type="checkbox"/> Relocation (moving from one location to another)	Square Feet Currently Leased: Square Feet Requested: City:
<input type="checkbox"/> New Space	Square Feet Requested: City:
<input type="checkbox"/> Expansion to Current Space	Square Feet Currently Leased: Additional Square Feet Requested: City:

1. Explain the circumstances that have caused the need for this space (i.e. federal grant, legislative bill, program expansion, etc.) Please attach documentation supporting this request.

2. Indicate fund(s) and program(s) used to support the cost of this proposed space.

3. Other relevant information or justification

4. Description of Space Required

(If additional rows are needed, please attach a separate sheet)

Room Type (office, receptionist, break room, etc.)	Qty.		Sq Ft		Total SF
		@		=	
		@		=	
		@		=	
		@		=	
		@		=	
		@		=	
		@		=	
Subtotal Useable Square Footage					
Estimated Circulation @ %					
GRAND TOTAL					

5. If this is a RELOCATION, please provide the following information:

Current Monthly Rental Payment \$ /mo

6. If not a full service lease, what additional cost(s) is/are the agency's responsibility?

- | | | | |
|----------------------------------------|---------|--------------------------------------------|---------|
| <input type="checkbox"/> Parking | \$ /mo. | <input type="checkbox"/> Lawn Care | \$ /mo. |
| <input type="checkbox"/> Janitorial | \$ /mo. | <input type="checkbox"/> Snow Removal | \$ /mo. |
| <input type="checkbox"/> Electric | \$ /mo. | <input type="checkbox"/> Maintenance | \$ /mo. |
| <input type="checkbox"/> Gas | \$ /mo. | <input type="checkbox"/> Cleaning Supplies | \$ /mo. |
| <input type="checkbox"/> Sewer/Water | \$ /mo. | <input type="checkbox"/> Remodeling | \$ /mo. |
| <input type="checkbox"/> Trash Removal | \$ /mo. | <input type="checkbox"/> CAM Charges** | \$ /mo. |

CAM includes any combination of the above services and is paid to the Lessor separate from rent.

7. Provide the maximum monthly rent payment to include all costs listed above \$ /mo.

APPROVED:

 Director Name, Title
 Agency

 Date