



BOARD OF TRUSTEES
Facility Improvement or Maintenance Request

Date of Request: _____ Name of Requestor: _____

Phone: _____ E-mail: _____

Position / Committee: _____

Project Description: _____

Project Champion: _____

How does this project further St. Paul's mission? _____

Your estimate of cost \$: _____ Is there a deadline for completion? No Yes Date: _____

What committee / group will fund the project? _____

Please attach any estimates, documentation, scope of work, or drawings.

Submit this form to Don White, Trustees Chair.

FOR OFFICE USE ONLY

St. Paul's UMC Board of Trustees Response

Date received: _____ Ref # _____ Job # _____

Trustees Responder: _____ Date of response: _____

Phone: _____ E-mail: _____

Date presented to Trustees: _____ Result: Approved Rejected Tabled

Comments: _____

If approved:

Budget \$: _____ Budget account: _____

Trustees Project Coordinator: _____

Phone: _____ E-mail: _____