



**University of Central Florida**

*Office of Facilities Planning and Construction*

**ADDITIONAL SERVICE REQUEST JUSTIFICATION FORM**

(UCF Project Manager shall provide/certify the following required information)

Project Name:

Date:

Project Description:

UCF Project Manager:

UCF Project Number:

Architect/Engineer Firm:

A/E PM:

Contractor/Vendor Name:

C/V PM:

Add Services Request No:

Project Completion %:

Cost Impact:

Schedule Impact (Days):

Change Initiated by:

F&S:

End User:

A/E:

Contractor:

*NECESSITY – Explain why this Additional Service Request is necessary.*

*RESPONSIBILITY – Explain who initiated this Additional Service Request.*

*CONTRACT – Explain why this Additional Service Request is not part of the original Contract.*

*PAYMENT – Explain how this Additional Service Request is funded.*

*JUSTIFICATION – Provide a detailed justification for this Additional Service Request.*

*EFFECT ON PROJECT – Provide the effect(s) on operations, maintenance, cost and schedule.*

_____	_____	Recommend	Rejected
UCF Project Manager	Date	Approval	
_____	_____	Recommend	Rejected
Associate Director, FP&C	Date	Approval	
_____	_____	Recommend	Rejected
Director, FP&C	Date	Approval	
_____	_____	Recommend	Rejected
Associate Vice President, Administration and Finance (Facilities & Safety)	Date	Approval	

*REJECTION – State reason for rejection, if applicable.*