

STATE OF ILLINOIS - CENTRAL MANAGEMENT SERVICES

SPACE REQUEST APPROVAL

Existing Lease/Bldg #: Base Rent: New or RFI #:
TCO: Leasing Rep:

Orig Occupancy Date:
Expiration Date:
Existing Sq Footage:
Floor Plans:

Space Request Action Requested:
Using Agency:
Div/Unit to Occupy:
Staff to Occupy:
Present Address:

Location Desired, if New: City: County:

Using Agency Justification (*) and CMS Comments (*) agency comments may be paraphrased

Preliminary Cost Benefit Analysis:

CMS RECOMMENDED ACTION: (Alternate RFI, etc)

APPROVED:

Michael Pittman, BOPM Dep. Dir. Signed: _____ Date: _____

Kassandra Wilkin, State Purchasing Officer Signed: _____ Date: _____

DENIED:

Michael Pittman, BOPM Dep. Dir. Signed: _____ Date: _____