REPORT OF SPACE INVENTORY CHANGES

DATE:

PROJECT #:	
PROJECT DESCRIPTION:	
SITE NAME:	
BUILDING NUMBER:	
COORDINATOR:	

DEPARTMENT NAME (OCCUPANT)					
OLD:		**NEW:**			

OLD			**NEW**			**ADD CHANGE DELETE & INITIAL**
ROOM #	**ROOM USE**	**ROOM AREA**	**ROOM #**	**ROOM USE**	**ROOM AREA**	

BRIEF DESCRIPTION OF SPACE CHANGE: _____

_____

_____

_____

_____

☐ **CHECK HERE IF CLOSED PROJECT REQUIRES NO MODIFICATION TO SPACE FILE OR FLOOR PLAN BOOK.**

Coordinator Signature: _____

SHADED AREA FOR SPACE INVENTORY USE ONLY

Instructions: If the project involves an alteration of existing space, complete the old and new room information, attach a floor plan showing the new configuration with revised room numbers, provide a brief descrition of the change(s) and return signed form to OSUA. If the project did not involve a change of space, check box at the bottom of the form, sign and return to OSUA.