Request for Office Accommodation Program Funding Contribution

File Ref: Reply to:

Phone:						
Date:						
Director Queensla GPO Box Brisbane	2457	nt Accommod	ation Offic	ce		
Department					Project No.	
Contact name					Phone No.	
Email						
Service provider contact name (eg. Office			nteriors)		Phone No.	
Request type (mark applicable box)			New initiative			HPW-owned space
Rationalisation of existing office to meet 12m²/person space standard			Construction of new offices			Existing non-govt leased
Relocation of office			Refurbishment of existing offices			New non-govt space to be leased
Furniture changes			Other			Agency-owned space
	e (e.g. replan curre	nt offices, new work				
	1.					
Estimated cos		·	(excl. pro	ofessional fees, contingency 8	(GST)	
	area to be modif	ied			I	
Timeframe for occupancy Work required is Urgant Reason for u		Reason for urg	ency		Area m²	
urgent Comments	i	1	<u> </u>			

It is understood that the project is subject to the normal technical and expenditure approval process and is required to comply with all government guidelines relating to office accommodation fitout.
Yours sincerely
Title:
Department:
Acceptance : The signature below denotes the Department of Housing and Public Works approval to allocate funding for this project from the Office Accommodation Program.
Signed: Position:
Queensland Government Accommodation Office, Department of Housing and Public Works, GPO Box 2457, Brisbane Qld 4001