

**UNT HEALTH SCIENCE CENTER
Interior Design Project Request**

Request Date:

Requesting Department:

Contact Person:

Phone Number:

Location:

Account Number:

Date Needed:

Allocated Budget:

***Please include: number of offices/work stations, type of furniture (freestanding or modular) and the style of furniture requested (traditional, contemporary, etc.)**

NEW FURNITURE

Description of Request: _____

EXISTING FURNITURE TO BE RECONFIGURED OR RELOCATED

Description of Request: _____

Department Director/Chairman Signature

**Please complete the above form in its entirety prior to submitting via fax 817.735.2335
to Veronica Escontrías-Whitener, Registered Interior Designer. LEED AP
Should you have any questions, please contact Veronica at 817.735.5041 or vescontr@hsc.unt.edu**