

COIFPM Data Acquisition Project Request Form

Contact Information					
Requestor Name (Primary Contact)		Email		Phone	
Requestor Department					
Additional Team Member Names		Email		Phone	
		Email		Phone	
		Email		Phone	
Cost Center Approver (CCA)/Project Manager Name		Email		Phone	

Project Information	
Requestor Need-By Date (Date for Acquisition Completion)	
Data Acquisition Scope Description Must Include: Sample material, scale range, preferred instrumentation, recommended acquisition approach, recommended data processing.	
Special Space Requirements Special Instrument Configuration Requirements Special Support Equipment Requirements	

<p>Sample Storage Requirements</p> <p>Must include space requirements, special storage requirements, sample security/confidentiality requirements, hazards associated with handling, storage of sample.</p>		
<p>Estimated Equipment Time Required</p>		
<p>Estimated Processing Time Required</p>		
<p>Estimated Equipment & Staff Time Budget</p>		
<p>Full Accounting String for Project Funding</p>		

Please email the completed form to coifpm-business@uwyo.edu and vpred@uwyo.edu for review and approval.

Project Approval		
<p>COIFPM Director (or Designee) Approval</p>		
	Signature	Date
<p>VP REDD (Or Designee) Approval</p>		
	Signature	Date
<p>Cost Center Approver (CCA)/Project Manager Approval</p>		
	Signature	Date

