



ORANGE UNIFIED SCHOOL DISTRICT

Project Approval Request (PAR)

TRACKING #

Site Name: _____

Date Entered: _____

Site Project Contact: _____

Contact Info: (Phone) _____

Source of Funds: Donation* \$ _____

(Email) _____

Site \$ _____

District \$ _____

Grant \$ _____

Type of work required: New System Alteration/Modification Athletics

Relocation/Moving Computer Lab

Program/Department: _____

ELEMENTS: HVAC/Air Conditioning

Purpose: _____

Electrical/Lighting

Room#/Area: _____

Data/Internet/Alarm

Requested Timeline: _____

New Walls/Structure

Budget Strand:

Other

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DESCRIPTION OF WORK REQUESTED:

Sketch/Photos/Samples Attached:

Estimate: \$

Project Coordinator: _____

APPROVALS

Site Administrator (Principal or Department Lead)

***IF NEEDED:

APPROVED

DENIED

PAR Committee Review Date

Cabinet Review Date

Reason: _____

PAR Committee Initial

Cabinet Initial