



## Request for Project Extension/Expansion

**To request additional space for an existing project or an extension on a project harvest date, please return this form at least 2 weeks prior to project extension/expansion date to:  
Joan Leonard, 500 Aronoff Lab, 318 W. 12<sup>th</sup> Avenue.  
For questions call 292-7904 or email leonard.4@osu.edu**

**Project Room Assignment:** \_\_\_\_\_

Request for:  **Project Extension**

Original Project Start Date: \_\_\_\_\_

Original Project Completion Date: \_\_\_\_\_

Revised Project Completion Date: \_\_\_\_\_

Request for:  **Project Expansion**

Original Space Requested: (Sq. Ft.): \_\_\_\_\_  
on ? Benches ? Floor Space ? Outside Patio Space

Additional Space Requested: (Sq. Ft.): \_\_\_\_\_  
on ? Benches ? Floor Space ? Outside Patio Space

Person Requesting Expansion/Extension \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Office/Bldg.: \_\_\_\_\_ Person Fiscally Responsible: \_\_\_\_\_

Chart Field or OSURF Project # (**required**):

**ORG** \_\_\_\_\_ **FUND** \_\_\_\_\_ **ACCOUNT** \_\_\_\_\_ **PROJECT** \_\_\_\_\_ **User Defined** \_\_\_\_\_

I understand that I will be responsible for the additional charges of the actual space occupied during the course of this project.

\_\_\_\_\_ date: \_\_\_\_\_  
signature of fiscally responsible individual

\_\_\_\_\_ date: \_\_\_\_\_  
signature of administrative department

For Greenhouse Staff Use: \_\_\_\_\_ Date Received: \_\_\_\_\_