## SPACE INVENTORY ROOM SURVEY FORM

For period from July 1, 2018 to June 30, 2019



## **DEPT # & NAME:**

| Room Description  | Program Classification                                    |                |
|---|---|----------------|
| Building Name & # :   |   |                |
|   | Instruction   | %              |
| Room Number:  | Department Research                                       | %              |
|   | Sponsored/Organized Research*                             | %              |
| Capacity:   | Other Sponsored Activities*                               | %              |
|   | Other Institutional Activities                            | %              |
| Room Category:  | Service/Recharge Center                                   | %              |
|   | Libraries   | %              |
| Room Use:   | College Administration                                    | %              |
|   | Department Administration                                 | %              |
| Accounts*   | Operations & Maintenance                                  | %              |
|   | General & Administrative                                  | %              |
|   | Sponsored Projects Administration                         | %              |
|   | Student Administrative Services                           | %              |
|   | Outside Agencies  | %              |
|   | Patient Care  | %              |
|   | Vacant**  | %              |
|   |   |                |
|   | GRAND TOTAL:  | 100%           |
|   | *All accounts supporting Sponsored/Organized Research & C |                |
| *This section contains the account numbers supporting the               | Actvities must be listed in the Accounts section of the   | nis form.      |
| Sponsored/Organized Research & Other Sponsored Activities in this room. | **Use only for space that is vacant for entire fisca      | year.          |
| Room  | Occupants   |                |
| (Last Name, First Name & Title)   | (Last Name, First Name & Title)                           |                |
|   |   |                |
|   |   |                |
|   |   |                |
|   |   |                |
|   |   |                |
|   | Use another blank form if additional s                    | pace is needed |
| Со  | mments  |                |
|   |   |                |
|   |   |                |
|   |   |                |
|   |   |                |
| Department Representative:  | Date:   |                |
| Department Representative: PDC-SPM Representative:                      | Date: PDC-SPM Data Entry: Date:                           |                |