



**UNIVERSITY SYSTEM
OF GEORGIA**
Real Estate and Facilities

EMERGENCY MRR REQUEST FORM

Institution:

Request Date:

Campus:

Contact Person:

Phone Number:

Contact Email:

Requested Funds:

Project Name:

Project
Description:

Emergency MRR Received, current FY to date:

Briefly explain
why this is an
emergency:

Project was requested previously but not funded

Project has not been requested before

If requested previously, list FY
and priority within that year

If not requested previously,
why not?

Attachments: *(check all that apply)* Photos Cost estimate Engineering report Map

% of Total Institution MRR funds in current FY that are
encumbered to date (exclusive of requested amount):

Please provide any additional comments or
information that might help us evaluate this request:

Requested by*:

Title:

**Approval of President or Chief Financial Officer is required for all emergency MRR requests*

Please submit form via email to MRR_Program@usg.edu, which will trigger distribution of the request to relevant REF staff.

Approved

\$ Approved:

GSFIC Proj #

Approval Date:

Denied

Reason for Denial: