

**STATE SYSTEM OF HIGHER EDUCATION
OCCUPANCY REPORT**

Project #: _____

Project Title: _____

University: _____

(This form must be completed for all State System of Higher Education bond-funded projects and for all delegated Commonwealth appropriated projects.)

The above-named project has been completed to specification and in accordance with all final architectural/engineering drawings and applicable law.

Date of Final Completion: _____

Design Firm: _____

Project Manager: _____ Date Signed:

University Official: _____ Title: _____ Date: _____

I: This form must be submitted to Facilities Management, Office of the Chancellor including the **Office of the Chancellor Inventory Data, which is continued on the reverse side.**

II: Also, for delegated capital appropriated projects, the university shall submit this form along with a complete set of drawings to: Director of Architecture & Engineering, Public Works, Department of General Services, 18th & Herr Streets, Harrisburg, PA 17125.

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Side 2, Occupancy Report

OFFICE OF THE CHANCELLOR INVENTORY DATA:

Please provide the following information:

I: Final Cost of Renovation/Addition/New Construction: \$ _____

II: Gross Square Feet Added: _____ G.S.F.

II: Category of Space (N.S.F.) Added or Converted: Use the category as specified in the Facilities Manual, Volume VI-A, Appendix II, Supplement #3, Categories 100-900.

Category	Shortfall as Reported March (year) _____	# N.S.F. Added	Shortfall or Overage

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