

# ESTIMATE OF OCCUPANCY COSTS

*Instructions: Submit in full detail with all Space Action Requests, RESD space program, when the action requested requires Department of Finance approval.*

NAME OF REQUESTING AGENCY		
NAME OF UNIT TO OCCUPY SPACE		
PRESENT ADDRESS /RENT/TERM		
AGENCY CONTACT PERSON	TELE:	FAX:

PROJECT DESCRIPTION:

EXISTING LOCATION COSTS <i>(In thousands)</i>	Current	SUCCEEDING FISCAL YEARS							
* Fiscal Year									
Annual Rent									
Operating Expenses									
One-time Expenses {1}									
Facility Up-Grades {2}									
Program Up-Grades {3}									
Parking									
Other {4}									
<b>Total</b>									

NEW LOCATION COSTS									
Annual Rent	s.f. @ \$ /s.f. x 12								
Operating Expenses									
Moving Expenses									
Telephone									
Data									
Supplies									
Furniture \$ /Wk. Sta.									
Parking									
Other									
<b>Total</b>									

**Total Increase**

**Source of Funds:**

General \_\_\_\_\_ %      Federal \_\_\_\_\_ %      Special \_\_\_\_\_ %  
 Other \_\_\_\_\_ %      Other \_\_\_\_\_ %

*\* Complete only if existing space is an option: 1) Modular Systems Furniture etc.; 2) Alterations for seismic, fire & life safety, asbestos abatement projects, etc.; 3) Cable / telephone systems, alterations, etc.; 4) Miscellaneous -- identify.*

COMMENTS: (Use additional sheets as necessary)