



LEASE REQUEST

NON-OHSU COMPANY REQUEST TO LEASE OHSU SPACE

COMPANY INFORMATION

Company _____

Contact _____

Email _____

Phone _____ - _____ - _____

SPACE TYPE

Office(s) _____

Workstation(s) _____

Wet lab module(s) _____

Exam room(s) _____

SF Telecom closet _____

SF Storage _____

Other: _____

LOCATION

Marquam Hill

South Waterfront

West Campus

Off-campus: _____

DESCRIPTION Describe your space need and include any specific requirements such as location, equipment, adjacencies. Attach additional pages if necessary.

Will any research core facilities be needed? Yes No If yes, please describe: _____

ANTICIPATED LEASE TERM 1-3 years 3-5 years Long term

OCCUPANTS

_____ # FT Faculty (>0.8 FTE)

_____ # Staff

_____ # PT Faculty (<0.8 FTE)/Instructor

_____ # Admin

_____ # Program Director

_____ # Student

_____ # Manager/Senior staff

_____ # Non-OHSU

FUNDING SOURCES Identify sources available to support the costs of this space (i.e., gifts, indirect cost recoveries, department reserves, etc.) _____

CLINICAL BILLING (if applicable)

Receive approval from the Office of Clinical Practice (OCP) before completing this form.

Hospital-billed / Accredited Physician-billed / Non-accredited

Account String: _____ - _____ - _____ - _____ - _____ - _____ - _____

SIGNATURE AUTHORIZATIONS

1 Unit Leader Signature _____ Print Name _____ Date ____ / ____ / ____

After signing, forward to your CFO or Finance Officer.

2 CFO/Finance Officer Signature _____ Print Name _____ Date ____ / ____ / ____

After signing, forward to your Space Committee Representative. Please contact Elizabeth Johnson, joelizab@ohsu.edu, if you have questions.

3 Space Committee Representative Signature _____ Date ____ / ____ / ____

After signing, forward to Campus Planning & Real Estate, attention: Elizabeth Johnson, joelizab@ohsu.edu.