

# REQUEST FOR LEASE ACTION AND BUDGET APPROVAL

DGS CONTROL NO. \_\_\_\_\_

TO (IN TURN)

A. DIRECTOR, BUREAU OF REAL ESTATE  
DEPARTMENT OF GENERAL SERVICES

B. OFFICE OF THE BUDGET

DATE \_\_\_\_\_

Request necessary leasing and budget approvals for the negotiation of a new lease for rental of real estate to accommodate the \_\_\_\_\_ of the \_\_\_\_\_

(SPECIFIC OFFICE, I.E. BUREAU, UNIT, ETC.)

(DEPARTMENT, BOARD OR COMMISSION)

The following data and justification is offered for your review and consideration.

TYPE OF TRANSACTION

- NEW LEASE   
  REPLACES EXISTING LEASE   
  AMENDMENT   
  RENEWAL OF LEASE   
  WITH ADDED SPACE   
  WITH COST INCREASE   
  CANCELLATION OF LEASE

SPECIFIC DATA AND JUSTIFICATION

LEASE DATA	NEW OR PROPOSED LEASE	CURRENT OR EXISTING LEASE
LESSOR: NAME(S), COMPLETE ADDRESS (CITY, TOWN, COUNTY, ETC.)		
FED. I. D. OR SOC. SEC. NO.		
LOCATION OF PROPERTY: COMPLETE ADDRESS - TWP/BORO - IF RURAL, ATTACH MAP OR SKETCH.		
EFFECTIVE DATE OF NEW LEASE		
EXPIRATION DATE OF CURRENT LEASE		
TERM OF LEASE: RENEWAL CLAUSE AND OPTIONS		
PURPOSE OR USE: (INCLUDE NUMBER OF CURRENT AND TOTAL EMPLOYEES TO USE FACILITY)		
APPROVED SPACE ALLOCATION	DATE _____ SQ. FT. _____ FOR _____ EMPLOYEES	DATE _____ SQ. FT. _____ FOR _____ EMPLOYEES
SQUARE FEET OF SPACE		
ANNUAL COST PER SQUARE FOOT		
BUILDING SERVICES	<input type="checkbox"/> HEAT <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WATER <input type="checkbox"/> GAS <input type="checkbox"/> JANITORIAL SERVICE AND SUPPLIES <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> PARKING FOR CARS _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> HEAT <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WATER <input type="checkbox"/> GAS <input type="checkbox"/> JANITORIAL SERVICE AND SUPPLIES <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> PARKING FOR CARS _____ <input type="checkbox"/> OTHER _____
DATE OF EXECUTIVE BOARD APPROVAL (WHEN REQUIRED IN ACCORDANCE WITH SECTION 709(H), ADMINISTRATIVE CODE)	<input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> APPROVAL DATED ON FILE; THIS AGENCY _____	

JUSTIFICATION OF REQUEST (USE REVERSE IF NECESSARY)

COORDINATION: PLEASE CALL \_\_\_\_\_ NAME: \_\_\_\_\_ TEL. # \_\_\_\_\_

RENTAL									ANNUAL	MONTHLY	ANNUAL	MONTHLY
FUND	DEPT	APP	YR	LDG	ORG	COST FUNCTION	OBJ	AMOUNT	I CERTIFY THAT FUNDS FOR CURRENT YEARS COSTS ARE AVAILABLE FROM CITED APPROPRIATION AND BUDGET ALLOCATION			
									_____		_____	
									COMPTROLLER		DATE	

ATTACHMENTS:

- COPY OF PROPOSAL
- PLANS AND SPECIFICATIONS MANDATORY FOR ALL REQUESTS FOR NEW, INCREASED, DECREASED OR RENOVATED LEASE SPACE
- PHOTOGRAPHS (IF REQUIRED OR TO SUPPORT REQUEST)
- LESSOR IDENTITY DISCLOSURE
- OTHER AS IDENTIFIED

**I certify that the information contained on this form and the attachment thereto to be true and correct to the best of my knowledge.**

\_\_\_\_\_  
DEPARTMENT, BOARD, COMMISSION, INSTITUTION

DATE

\_\_\_\_\_  
DEPARTMENT OF GENERAL SERVICES

DATE

**I certify that the Governor approves this request.**

\_\_\_\_\_  
SECRETARY, OFFICE OF THE BUDGET

DATE

**COPY TO:**

- DGS REAL ESTATE   
  COMPTROLLER   
  TREASURY   
  ORIGINATION ACTIVITY   
  OFFICE OF THE BUDGET