

**LSU – BATON ROUGE
 FY 2011 & FY 2012 SPACE INVENTORY
 ROOM SURVEY FORM**

| Room Description | Functional Usage |
|---|---|
| Building: _____ <input style="width: 50px;" type="text"/> | Instruction/Department Research <input style="width: 50px;" type="text"/> % |
| Room Number: _____ <input style="width: 50px;" type="text"/> | Sponsored Research <input style="width: 50px;" type="text"/> % |
| Square Footage: _____ <input style="width: 50px;" type="text"/> | Other Sponsored Activities <input style="width: 50px;" type="text"/> % |
| Room Type: _____ <input style="width: 50px;" type="text"/> | Joint Benefit Space <input style="width: 50px;" type="text"/> % |
| College: _____ <input style="width: 50px;" type="text"/> | AG Center Sponsored Research <input style="width: 50px;" type="text"/> % |
| Department: _____ <input style="width: 50px;" type="text"/> | AG Center Other Spon Activities <input style="width: 50px;" type="text"/> % |

| Account Information | | | |
|---------------------|---------|-----------------------------------|---|
| University Accounts | Purpose | | |
| _____ | _____ | Other Institutional Activities | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Department Administration | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Specialized Service Facilities | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Library | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Operation and Maintenance | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | General and Administrative | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Sponsored Projects Administration | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Student Administrative Services | <input style="width: 50px;" type="text"/> % |
| _____ | _____ | Vacant | <input style="width: 50px;" type="text"/> % |
| | | GRAND TOTAL | <input style="width: 50px;" type="text"/> % |

| Room Occupants | | | |
|----------------|-------|-------|-------|
| Name | Title | Name | Title |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Comments: _____

Department Representative: _____ Date: _____
 Space Surveyor: _____