I certify that to the best of my knowledge and belief, the Space Usage information entered in FAMIS for the fiscal year (FY12) is in accordance with UNM’s prescribed instructions and represents the department’s:

1) Actual space usage
2) Functional use – including Function Codes
3) Occupants of the space

List Level 5 Department Org Codes for this Certification:

__________ __________ __________ __________ __________
__________ __________ __________ __________ __________

Facility Space Contact:
Name: ____________________________
E-mail: ____________________________
Phone: ____________________________
Signature: ____________________________

Department Chair, Dean or Director:
Name: ____________________________
E-mail: ____________________________
Phone: ____________________________
Signature: ____________________________

Please sign, scan and email to
Lorrie Black at F-and-A-Rate-Proposal @salud.unm.edu

If you do not have access to a scanner please send via campus mail to:
Lorrie Black, Space Survey Project Manager
Financial Services, MSC01 1290

Please keep a copy of this for your departmental records.