[Date]

SPACE REQUEST ACTION MEMO

TO: M/MS/HMD, Dr. Anthony Bennett, Headquarters Management Division Chief

FROM: B/IO [Bureau Acronym] – Assistant Administrator, Deputy Assistant Administrator or Independent Office Director [Full Name, Title, and Signature]

SUBJECT: Request for Additional Space Allocation

Background

[Provide the essential request information: Include a concise statement of the requirement, justification, possible location – if desired, the quantities of space required, timeline limitations, and any previous discussions or actions related to the issue. Also provide the desired date this work should be completed]

Resource Implications

If needed [Provide the funding source or who will be responsible for payment.]

Recommendation

From: M/MS/HMD

Approve__________________ Disapprove__________________ Date__________