

Department of Administration  
 General Services Division  
 100 North 15th Avenue, Suite 202  
 Phoenix, Arizona 85007

# LEASE TRANSMITTAL

STATUS:

COMPLETION DATE REQUESTED BY AGENCY:

DATE RECEIVED BY ADOA:

1 LEASING AGENCY/DIVISION			2 CONTACT			3 PHONE		
<b>LEASE DESCRIPTION</b>	4 LEASE ACTION		5 COMMENCES		6 EXPIRATION		7 COUNTY	
8 ADDRESS					9 CITY		10 ZIP	
<b>COST ANALYSIS</b>	11 MONTHLY LEASE COSTS: FULL SERVICE <input type="text"/> (YES or NO) CAM _____ Base Rent _____ Gas _____ Electric _____ Parking _____ Janitorial _____ taxes _____ Water _____ Total _____					12 EQUIVALENT FULL SERVICE LEASE COSTS Annual Rent _____ Per Sq. Foot _____		
If not Full Service, estimate monthly cost for each item.						13 OTHER COSTS MOVING COSTS _____ TENANT IMPROVEMENTS _____ TOTAL OTHER COSTS _____		
14 MODIFICATION DATE			15 FUNDINGSOURCE FOR PAYMENT OF RENT Indicate by percentage the amount paid from the General Fund, from Other Fund or any Combination (must total)			General Fund		Other Fund
<b>SPACE/LOCATION ANALYSIS</b>	16 TOTAL SQ FT		OFFICE	RECEPTION/WAITING	MEETING/CONFERENCE	STORAGE		
17 TOTAL STAFF ASSIGNED TO SPACE		17 AVG SQ FT PER STAFF		18 PRIMARY TYPE OF SPACE		20 PARKING SPACES PROVIDED SURFACE: _____ COVERED: _____		
<b>JUSTIFICATION</b>	21 COMMENTS:							
<b>RENT ESCALATIONS</b>	22 <input type="text"/> (YES or NO)	DATE	ANNUAL RENT	UTILITIES	TAXES	TOTAL ANNUAL LEASE COST		
23 If relocating, or increasing existing space, describe existing location.	24 Is this lease in a service mandated location? <input type="text"/> (YES or NO)							
ADDRESS								
CITY	SIZE	ANNUAL LEASE RATE						
DOES STATE OWN THIS SPACE? <input type="text"/> (YES or NO)	FTE's	EXPIRATION DATE						
<b>LESSOR</b>	25 NAME							
LESSOR ADDRESS								
LESSOR CITY	STATE	ZIP	26 YEAR BUILDING CONST. <input type="text"/>		PRE 1981 ASBESTOS SURVEY DONE <input type="text"/>			(YES, NO or NOT APPLICABLE)