



Arizona Department of Administration
 General Services Division
 1110 W. Washington Avenue, Ste. 155
 Phoenix, AZ 85007

LEASE TRANSMITTAL

COMPLETION DATE REQUESTED BY AGENCY	STATUS
DATE RECEIVED BY ADOA	

1 LEASING AGENCY / DIVISION	2 CONTACT	3 PHONE
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LEASE DESCRIPTION	4 LEASE ACTION	5 COMMENCES	6 EXPIRATION	7 COUNTY
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8 ADDRESS	9 CITY	10 ZIP
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COST ANALYSIS	11 MONTHLY LEASE COSTS:	12 OTHER COSTS
	Base Rent Electric Janitorial Water CAM	Gas Parking Taxes Trash Misc TOTAL
Full Service? Yes No If not Full Service, estimate monthly cost for each item.		

13 FUNDING SOURCE FOR PAYMENT OF RENT	GENERAL FUND	OTHER FUND
(Indicate by percent the amount paid from the General Fund, from any other fund or any combination. Must total 100%.)		

SPACE & LOCATION ANALYSIS	14 Total Staff Assigned To Space	15 Primary Type Of Space	16 PARKING SPACES PROVIDED
			Surface Covered

Sq. Feet - Office	Reception/Waiting	Meeting/Conference	Storage	Other	17 Total Rental Square Feet
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18 Computations:	Sq. Ft. Per FTE	Yearly Lease Costs	Yearly Cost Per Square Foot
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RELOCATION	19 Is this a replacement of another private lease (office space)?	Yes	No
Old Address:			
Old City:		Old Zip:	

RENT ESCALATIONS	20									
Escalation Date	Monthly Rent	Electric	Janitorial	Water	CAM	Gas	Parking	Taxes	Trash	Total Monthly

LESSOR	21	22 CAN THIS LEASE RELOCATE TO A STATE BUILDING?
NAME		Yes No Explain:
LESSOR ADDRESS		
LESSOR CITY	State Zip	

23 This lease was negotiated with the assistance of the State's Lease Broker?	Yes	No
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LEASE TRANSMITTAL
Instructions for Completion

Purpose: This form is used to request the Department of Administration's approval for all private lease space as mandated by A.R.S. §41-792.D.

IMPORTANT: Be sure to identify on the upper right hand section of the form the date the lease should be returned to the Agency.

Item	Description	Instructions
1	Leasing Agency/Division	Enter the name of the agency, board, or commission that will lease the space. Include division, unit, or group name if applicable.
2	Contact	The name of the agency's staff person most knowledgeable about the lease.
3	Phone	Contact person's phone number.
4	Lease Action	Type of request: enter N for new lease, A for an amendment or addendum to an existing lease, R for renewal of an existing lease, or C for closing a lease.
5	Commences	The date the lease becomes effective.
6	Expiration	The date the lease ends.
7	County	The county where the lease property is located.
8	Address	Location of the lease property.
9	City	The city or town where the lease property is located.
10	Zip	The postal Zip Code of the lease property location.
11	Monthly Lease Costs	Select YES if the lease is "Full Service," that is, the base rent includes all costs associated with the use of the space (i.e., utilities, janitorial, parking and taxes). Base rent is the actual monthly lease payment. If not full service, you must estimate the monthly costs for items not included in the base rent. The total is the sum of the base rent and all monthly costs associated with the use of this lease space and is calculated for you.
12	Other Costs	Include costs of moving and tenant improvements, even if it is amortized in the lease rate. The total is calculated for you.
13	Funding Source	Indicate by percentage the amount paid from the General Fund, from any other fund or any combination.
14	Total Staff Assigned to Space	Enter the number of employees assigned to the space, including staff who normally work in the field.
15	Primary Type of Space	Type of space that makes up the majority of the lease area. Valid types are Office, Storage, Speciality, Warehouse, Government, Residential, Land, Parking.
16	Parking	Enter the number of surface and or covered parking spaces.
17	Total Square Feet	Total amount of space included in the lease, including actual square feet of office, reception/waiting areas, meeting/conference rooms, and storage space. Again, the total is calculated for you from the 4 space types.
18	Cost and Space Analysis	FTE, yearly cost, and yearly costs per square foot are all read-only because they are calculated for you.
19	Relocation	If this lease is to replace an existing private lease let us know here by giving the address that it is replacing.
20	Rent Escalations	Indicate if there have been rent escalations during the term of this lease. Include date of increase, new monthly rent, plus utilities, other monthly costs and taxes, if applicable.
21	Lessor	Enter the name and address of the property lessor.
22	Lease in Service Mandated Location	Respond "Yes" or "No," identify any unique location requirements and specific space needs for this lease. You must list the needs that must be met if this lease were to be relocated to a state-owned building.
23	Used State's Lease Broker?	Respond "Yes" or "No," indicate if this lease was negotiated with the assistance of the State's Lease Broker.