

**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 <small>Indicate by percentage the amount paid from the General Fund, from Other Fund or any Combination (must total)</small>			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		
<b>LESSOR</b>	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						
25 NAME	LESSOR ADDRESS			26 YEAR BUILDING CONST. <input type="text"/>		PRE 1981 ASBESTOS SURVEY DONE <input type="text"/>		
LESSOR CITY		STATE	ZIP		(YES, NO or NOT APPLICABLE)			