

FACILITIES MANAGEMENT REQUISITION

DATE	DEPARTMENT NAME:	JOB NUMBER
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ACCOUNTING INFORMATION

ACCOUNTING CONTACT	PHONE NUMBER	LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT
	CONFIRMATION FAX NO.							

PLEASE COMPLETE THIS BOX

BUILDING NAME (work location)
ROOM NUMBER (work location)
CONTACT PERSON FOR WORK REQUESTED
PHONE NUMBER-FAX NO.
EMAIL ADDRESS

PLEASE SELECT APPROPRIATE NUMBER(S)

<ol style="list-style-type: none"> 1. <input type="checkbox"/> PROCEED WITH WORK 2. <input type="checkbox"/> PROVIDE ESTIMATE ONLY: <ul style="list-style-type: none"> <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN 3. <input type="checkbox"/> PMT (PROJECT MANAGEMENT TEAM) 4. <input type="checkbox"/> ATTACHMENT(S) <p style="font-size: small; margin-top: 10px;">NOTE: FACILITIES MANAGEMENT RESERVES THE RIGHT TO PROCESS THE WORK ORDERS EITHER THROUGH THE CRAFT OR PMT, BASED ON DRT, ADA, AND FIRE MARSHAL REGULATIONS.</p>
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TO BE COMPLETED BY FACILITIES MANAGEMENT:

IF YOU ARE NOT CONTACTED WITHIN 5 WORKING DAYS, PLEASE CALL: _____ EXT. _____ CONTACT NAME

TYPE OR PRINT DETAILED DESCRIPTION OF WORK:

AUTHORIZED BY

ANTICIPATED NEED DATE

PLEASE RETURN COMPLETED FORM TO FACILITIES