

# FACILITIES MANAGEMENT REQUISITION

COMPLETED BY CUSTOMER	ORIGINATOR	INSTRUCTIONS: This form is to be used to request labor, material, and services from Facilities Management. Please fill out the top section of this form completely and send to Facilities. All jobs authorized without an estimate will be accomplished on a time and materials basis.			BUILDING NAME:
	DATE mm/dd/yy	DEPARTMENTAL ACCOUNTING CONTACT	PHONE	ROOM NO.	ACTIVITY OR DEPARTMENT Electrical & Computer Engineering
	DESCRIPTION OF WORK				ENCLOSURES <input type="checkbox"/> ESTIMATE ONLY <input type="checkbox"/>
ANTICIPATED NEED DATE			AUTHORIZED BY		

## FACILITIES MANAGEMENT

Based on our understanding of your requirements, we have developed the following scope of work and estimated cost:

This is a : ☐ Construction Estimate ☐ Budget Estimate☐ Note: If checked, the project must be capitalized and the funding must be coordinated with the office of Financial Planning, extension 7679

JOB NUMBER

CUSTOMER'S PROJECT CONTACT:		PREPARED BY:		DATE	PAGE	OF							
ROOM #	TELEPHONE												
CRAFT CODE (CIRCLE ALL THAT APPLY)	AA	BE	CA	CP	CU	DR	EL	EN	GR	HV	IR	LK	MA
	MB	MF	MT	PA	PC	PL	RF	SG	SL	SU	TS	Other	

COMPLETED BY FACILITIES MGMT

Enclosures: \_\_\_\_\_

ESTIMATED COST \$	ESTIMATE EXPIRES / /	FACILITIES MANAGEMENT APPROVAL	FM ESTIMATING APPROVAL
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I have examined the scope of work, the estimate, the basis of the estimate, and the attached enclosures and

Approve the establishment of a lien for the estimated amount (Approval is given by providing all accounting

Data(except the object code), the desired start date, any appropriate comments, and signing this section):

Please accomplish on a: ☐ Time and Material ☐ Lump Sum basis☐ Cost not to exceed \$ \_\_\_\_\_

## Accounting Data:

ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT
				03	

(SEE POLICIES & PROCEDURES MANUAL, SEC. 902-10,  
PARAGRAPH E.2.A (2) FOR ADDITIONAL INFORMATION)

COMMENTS:

DESIRED STARTING DATE

PLEASE RETURN COMPLETED FORM TO FACILITIES

AUTHORIZATION TO PROCEED