

RADFORD UNIVERSITY

Facilities Management

SERVICE REQUEST FORM

DATE: _____ **DATE SERVICE REQUESTED BY:** _____

BUILDING WHERE SERVICE NEEDED: _____ **ROOM/s:** _____

(check one): Estimate Only: Please Provide Service without Estimate:

WORK REQUESTED: (be specific concerning requirements: i.e., paint 5 rooms, 100-105, before 6/01)

***CONTACT PERSON:** Name: _____ Phone: _____
(*who knows job)

Located in Room #: _____ Department: _____

<p>BUDGET CODE: _____</p> <p>Fiscal Tech: _____ Phone: _____ P.O. Box: _____</p> <p>FUNDS APPROVED BY: (Dean, Director, or Dept. Head)</p> <p>Printed Name: _____ Phone: _____</p> <p>Signature: _____ Title: _____</p>

Please retain a copy – mail original to Facilities Management Box 6909 or fax to 831-7783

FOR FACILITIES MANAGEMENT USE ONLY:

Director: _____ W/O#: _____ Project: _____