

**Part I - REQUEST (COMPLETED BY REQUESTOR)**

To: Facilities Services / PMCS, FCI (H7015)	Dept. Request No. _____
From: Name _____	Account No. _____
Title _____	Location of Work:
Phone _____	Building _____ Room _____
Dept. _____ College _____	Other _____
Request for: _____ Estimate _____ Change Order _____	Special Requirements: _____
_____ Performance _____ Other _____	_____
Description of Work: _____	
Name of Contact _____ Phone _____	
Requestor's Signature _____ Campus Address _____	
(must have signature authority) Date _____ Attachments _____	
(College of Engineering requests must have Dr. Charbeneau's signature for projects estimated to cost more than \$1,000)	

**PART II - ESTIMATE (COMPLETED BY FACILITIES SERVICES / PMCS)**

<b>TO:</b>	
<b>Estimate</b>	Remarks _____
Labor _____	_____
Material _____	_____
Contract _____	Enclosures _____
Contingency _____	Signature _____
Total _____	Date _____

**PART III - AUTHORIZATION (COMPLETED BY REQUESTOR)**

To: Facilities Services / PMCS	
Authorization to proceed _____	
Requestor's/Dean's Signature _____	Date _____

(Facilities Services / PMCS Use Only)		A&E _____	Date _____
Disposition: 1. Work Order Assigned To: _____	Utilities _____	_____	Date _____
2. Cancelled Date: _____	Maintenance _____	_____	Date _____
3. Closed Date: _____	Other _____	_____	Date _____