Work Request for Facilities Services

Department: ________________________  Date:    ________________________
Contact:   ________________________  Phone:    ________________________
Needed by:  ________________________  Location/Room #:    ________________________
Description of Service: ________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Account #________________________  Account Name: __________________________________
Department Approval: _________________________________________________________________
(WORK REQUEST WILL BE ASSIGNED WHEN REQUIRED INFORMATION ABOVE IS COMPLETED.)

Date Completed: ________________________  Work Order #:    _________________________
Completed by:  ________________________  Service Code #:    _________________________
Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Number of Man Hrs: ________________________ x $17.00/hour
(Minimum 15 minute charge, 15 minute incremental charge thereafter)

$17.00 flat rate charge for pickup of surplus property up to 1 hour, afterwards billed in 15-minute increments (excluding computer and computer-related items)

Service Charge:  ________________________