TO: ALL ODESSA TTUHSC & TTHC ACCOUNT MANAGERS
FROM: LINDA RHEA, FAC., OPS. & MAINT.
SUBJECT: APPROVED SIGNATURES/ACCOUNT #’S FOR
FACILITIES SERVICES.

FY ( ) USE ONE PAGE FOR EACH ACCOUNT NUMBER

Work Requests requiring a service charge will not be initiated until the Facilities’ office receives
a signed Work Request form, which has an authorized signature for the account to be used.

Please complete the upper part of the Work Request form. If necessary use the back of the form
to provide additional information, attach a second sheet, or note on authorization form you are
sending information by e-mail.

Name and signature of individuals(s) authorized to submit work requests for services requiring a
service charge:

Account#  __________________________
Name  __________________________ Signature: __________________________
       (Typed or printed)

Account#  __________________________
Name  __________________________ Signature: __________________________
       (Typed or printed)

Account#  __________________________
Name  __________________________ Signature: __________________________
       (Typed or printed)

Account#  __________________________
Name  __________________________ Signature: __________________________
       (Typed or printed)

Account Manager Signature approving Authorization:

__________________________ Signature __________________________
       (Typed or Printed)

Date: __________________________

Texas Tech University Health Sciences Center   Facilities  335-5140   Fax 335-5281