

FACILITIES SERVICES

REQUEST FOR CONSTRUCTION SERVICES PROJECT

Please type or print. Please send completed form to Amanda Ruelle at aruelle@utk.edu or fax: x4-4213.

Date: _____

Location: _____
Building No Building Name Room

I. We request the following work: _____

Contact Person's Name _____ Phone Number _____

You may attach sketches, drawings, detailed requirements, or written justification of the work to be accomplished.

Department _____ Department Head Signature _____

Approved - Dean or Director Signature _____

ESTIMATE REQUIRED BEFORE WORK BEGINS (Return to Facilities Services with only Section I completed)
 NO ESTIMATE REQUIRED (Sign in section III and indicate account to charge)

II. This section for Facilities Services Use Only (If estimate is required, estimate will be indicated here & returned for dept. approval)

Estimated Cost: _____
 Estimate No.: _____ By: _____ Date _____
Construction Services Director

III. We approve the above work be accomplished.

IRIS APPROVERS

Approved: _____ Date _____ Financial Review _____ Date _____
Requesting Authority

Approved: _____ Date _____ Central Review _____ Date _____
Dean or Director Signature

PLEASE INDICATE BELOW THE ACCOUNT TO BE CHARGED FOR THE WORK REQUESTED UPON COMPLETION OF THIS PROJECT, FUNDS WILL BE TRANSFERRED FROM YOUR ACCOUNT

TYPE	TRANSACTION DESCRIPTION	COST CENTER OR WBS ELEMENT	COST CENTER OR WBS ELEMENT	G/L ACCOUNT	AMOUNT
D					
D					
D					
C					

IV. This space for Facilities Services Use Only

WO# _____

APPROVED: _____ DATE _____ WR# _____
Construction Services Director

DATE COMPLETED _____ TOTAL _____