

(PLEASE TYPE)

The University of Tennessee
Facilities Services Department

SPECIAL PROJECTS

WORK REQUEST

Please send the hard copy
of this form to **Sherrill Cox**
email: scox7@utk.edu or
fax: 974-4213.

Date: _____

Location _____
Building No _____ Building Name _____ Room _____

I. We request a survey be made for the following work: _____

Contact Person _____ Phone Number _____

Department _____

Department Head Signature _____

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

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)

III. Signatures. We approve the above work be to accomplished.

Approved: _____
(Requesting Authority) (Date)

Recorded: _____
(Financial Review) (Date)

Approved: _____
(Dean or Director) (Date)

Recorded: _____
(Central Review) (Date)

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 NAME	COST CENTER OR WBS ELEMENT NUMBER	G/L ACCOUNT	AMOUNT
D					
D					
C					

IV. This space for Facilities Services Use Only

APPROVED _____
(Facilities Services Director)

DATE _____

PROJECT NO _____

DATE COMPLETED _____

TOTAL _____