

FACILITIES SERVICES

REQUEST FOR CONSTRUCTION SERVICES PROJECT FORM PP28

Please type or print and send completed form to UTFSProj@listserv.utk.edu

Date: _____

Location: _____
Building No Building Name Room

I. We request the following work: _____

Contact Person's Name Contact Person's Email AND Phone Number

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

ESTIMATE REQUIRED BEFORE WORK BEGINS (Return to Facilities Services with only Section I completed)

NO ESTIMATE REQUIRED (Sign in section III below 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. APPROVAL - We approve the estimate above (or have indicated NER) and would like for this work to proceed.
MUST be approved by the appropriate person responsible for account to be charged, as listed in IRIS

Departmental Use/Requesting Authority (Optional) Date Departmental Use/Financial Review (Optional) Date

IRIS APPROVER - REQUIRED SIGNATURE Date Departmental Use/Central Review (Optional) Date

PLEASE INDICATE BELOW THE ACCOUNT TO BE CHARGED.
UPON COMPLETION OF THIS PROJECT, FUNDS WILL BE TRANSFERRED FROM THIS ACCOUNT

TYPE	TRANSACTION DESCRIPTION	COST CENTER OR WBS ELEMENT NAME	COST CENTER OR WBS ELEMENT NO.	G/L ACCOUNT	AMOUNT
D					
D					
C					

IV. The work requested above has been approved as a Facilities Services Project and has been issued to the Construction Services Director for assignment

DATE ISSUED _____

WO# _____

DATE COMPLETED _____

TOTAL _____