

Facilities Services/PMCS Use Only

SERVICE REQUEST FORM
The University of Texas at Austin

Service Request Number

Facilities Services
Project Management and Construction Services

PHONE: (512) 471-7776 / FAX: (512) 471-8788

Part 1 - REQUEST (COMPLETED BY REQUESTOR)

TO: Facilities Services / PMCS, FC1 / H7015	Dept. Request No. _____
From: Name _____	Account No. _____
Title _____	Location of Work:
Phone _____	Building _____ Room _____
Dept. _____ College _____	Other _____
Request for: _____ Estimate _____ Change Order _____	Special Requirements
_____ Performance _____ Other _____	

Description of Work:

Name of Contact _____ Phone _____

Requestor's/Dean's Signature* _____ Campus Address _____

(must have signature authority) Date _____ Attachments _____

[*Note: Dean's signature required for all renovation projects]

PART II - ESTIMATE (COMPLETED BY Facilities Services / PMCS)

TO:	
Estimate:	Remarks
Labor / Material _____	
Contract _____	
Contingency - % _____	Enclosures _____
	Signature _____
TOTAL _____	Date _____

PART III - AUTHORIZATION (COMPLETED BY REQUESTOR AND/OR DEAN IF APPLICABLE)

To: Facilities Services / PMCS

Authorization to proceed _____

Requestor's/Dean's Signature _____ Date _____

(Facilities Services / PMCS Use Only)	PMCS _____	Date _____
Disposition: 1. Service Request Assigned To: _____	Utilitie _____	Date _____
2. Canceled Date _____	Facilities Services _____	Date _____
3. Date Closed _____	Other _____	Date _____