



# UNIVERSITY OF HOUSTON

Revised Sept. 2001

## PLANT OPERATIONS CUSTOMER REQUEST FORM

**ATTENTION: Customer Service Center will not process any work request form that is not filled out completely.**

Date	Work Center Use Only - Please DO NOT write in this space.  Work Request Number _____  PROJECT Number _____
Department	

Name of contact: (print/type)	
Phone number:	
E-Mail Address:	
Name of Building where work is to be done	Room #

Full description of work: (attach supplement if necessary)

KEY REQUEST(S) ATTACHED:                      Key # and Room # in Detail Area

KEY CONTROL OFFICE (This field completed by Key Control Personnel)

Please check appropriate box below (Budget # required)

Proceed on material and labor basis                       Detailed estimate for completion of required work

Purpose/Benefit: Define the purpose of the request and it's benefit to the university/dept.

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OCG(Office of Contract & Grants) - Name / Title	Signature	Date
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Required Departmental Approval (In accordance with MAPP Policy 04.03.01.III.D)

NAME/TITLE (print/type)	Signature	Date
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Authorized Certifying Signature (This work request form must be signed by person authorized to make expenditures before action is taken.)

NAME/TITLE (print/type)	Signature	Date	<input type="checkbox"/>	<input type="checkbox"/>
				FRS College Code

**\*\*NOTE\*\* INSTRUCTIONS FOR WORK REQUEST**