

PLANT OPERATIONS CUSTOMER REQUEST FORM

Email to: Certifying signature for Approval CSC Phone: (713) 743-4948 Mail Code: CSC 1000

REQUESTOR INFO:

Contact Person: _____

Email: _____

Phone: _____

Office Room Number: _____

Department Name: _____

LOCATION OF WORK:

Building Name: _____

Room Number: _____

Proceed without Estimate

Estimate Required

Scope of Work

Description of Work: *(attached supplement if necessary)*

Automotive	Electrical	Locks/Keys/Card Readers	Renovation
Custodial	Fuel	Mechanical	Trash Pickup/Recycling
Construction	Fume Hoods	Plumbing	Use of Space Change
Event Setup	HVAC	Repairs/Maintenance	Utility Services
Other _____			

Purpose/Benefit

Define the purpose of the request and its benefit to the University / Department

Departmental Required Signatures

Department Approver Name: _____

Department Approver Title: _____

Signature: _____

Date

Estimate Information (Plant Operation Use Only)

Amount of Estimate: _____

Shop Supervisor/PM: _____

Date: _____

(Cost Estimates are valid for 30 calendar days from issuance.)

Final Approval - Proceed with Work

PeopleSoft Division/College Code: _____

Cost Center: _____

Authorized Budget Approval: _____

Speed Type: _____

Date: _____

SIGNATURE

PLANT OPERATIONS USE ONLY

Work Request #: _____ Type of Request: Non-billable Billable Renovation

Blanket / Project #: _____

Shop Distribution: _____