

FACILITIES PLANNING AND MANAGEMENT

Service Request Form

In order to receive the services requested, please complete and submit this **Service Request Form** to **Business Services – Customer Service** at fmcustomer@cpp.edu or fax to (909) 869-4363. For questions call (909) 869-3030.

*Requestor:	Email:	Date:
Department:	Phone:	Fax:
Location of work; building room area:		

**This should be the primary point of contact for the work being completed*

Send chargeback statement to:	Name:	Email:	Ext:
Funding source:			
ASI PO#:	Foundation Account:		

**** Scope of work (check all that apply)**

Please note: All service requests are considered **non-routine maintenance**. All requests are scheduled based on time, availability, and scope of work.

<input type="checkbox"/>	Reclassifying or changing use of room space				
<input type="checkbox"/>	Construction – remodeling, altering, demolishing of facilities, grounds and infrastructure				
<input type="checkbox"/>	Anticipated Budget: _____				
<input type="checkbox"/>	Proceed without estimate	<input type="checkbox"/>	Provide an estimate	<input type="checkbox"/>	Rough Order or Magnitude (ROM)

Description of work: *(be specific; attach information, floor plans or sketches as necessary)*

Authorization	

Authorized Signer's Name (please print)	Title or Department
Authorized Signature	Date

**** Please note:** If the scope of work is determined to be non-recurring maintenance and repairs (NRM) or capital improvements projects (CIMP), the department will be notified. A **budget transfer request form** will need to be prepared to transfer funds from POM01 to PDM01 or PCI01, accordingly. Should the actual costs **exceed** the initial estimated costs, you will be required to submit an additional transfer to completely fund the project. If the actual costs are less than the initial estimate, a budget transfer will be processed to return the funding to the original Chartfield String.

FPM Department Use
Work Order Number: _____