



# Cleveland State University

Physical Plant  
Department of Plant Operations

## SERVICE REQUEST FORM

**SR - 109158**

**DIRECTIONS:**

1. Fill out all information.
2. Forward completed form to Physical Plant Accounting Dept., PS 230.
3. Form will be routed to correct Plant department(s).

*FOR KEYS/SIGNS, CALL 687.3666 TO OBTAIN SEPARATE FORMS*

Initiated by \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Dept. \_\_\_\_\_ Bldg/Room \_\_\_\_\_

Dept. Budget No. 0699

Authorized Signature \_\_\_\_\_

Describe the work to be completed and include a sketch if necessary:

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Cost not to Exceed (optional): \$ \_\_\_\_\_ If cost is higher, we will contact you for approval

Requested completion date (optional): \_\_\_\_\_ Work must first be approved by Physical Plant

Plant Services Estimated Requested? YES \_\_\_\_\_ NO \_\_\_\_\_

**REQUESTED ESTIMATE FROM PLANT SERVICES**

_____	_____	_____
Date	Estimated by	Estimated Cost

**IF ESTIMATE IS ACCEPTED, SIGN BELOW TO PROCEED**

_____	_____
Department Approval	Date

<b>PHYSICAL PLANT USE ONLY</b>
CHARGE:
CREDIT: