

# RADFORD UNIVERSITY

## Facilities Management

### ***SERVICE REQUEST FORM***

**DATE:** \_\_\_\_\_ **REQUEST COMPLETE-BY DATE:** \_\_\_\_\_

**BUILDING WHERE SERVICE NEEDED:** \_\_\_\_\_ **ROOM/s:** \_\_\_\_\_

**(check one):**      Estimate Only:                      Please Provide Service without Estimate:

**WORK REQUESTED:** (Event: Event Name & Date, What, Where, Qty., Size Ea., Setup/Breakdown Dates/Times, Set Up Layout, Power Needs etc)  
(Departmental Service: Where To/From, Describe What ex: Paint Color, Signage Wording or Other Specific Requirements)

**\*CONTACT PERSON:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(\*Faculty/Staff that knows job)

Located in Room #: \_\_\_\_\_ Department: \_\_\_\_\_

**FUND/ORG./ACCT./PROG. :** \_\_\_\_\_ **Is this a Grant?**  
(Budget code is also required for estimates)

Acct Admin: \_\_\_\_\_ Phone: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

**Service Request will not be processed until an approved Budget Code is provided**

**FUNDS APPROVED BY:** (Dean, Director, or Dept. Head)

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*Please retain a copy and submit completed form to email below.  
Questions? Contact Facilities Management: [facilities@radford.edu](mailto:facilities@radford.edu), 540-831-7800*

#### ***FOR FACILITIES MANAGEMENT USE ONLY:***

Director: \_\_\_\_\_ W/O#: \_\_\_\_\_ Project: \_\_\_\_\_