



# FURNITURE SERVICE REQUEST FORM

Instructions: All requests for furniture and accessories for existing spaces or facilities, and requests for spaces that are currently not occupied by the requestor are to be submitted using this form. After obtaining the preliminary approval signatures, forward this form to Facilities Management.

I. **Title of request:** \_\_\_\_\_

II. **Date of request:** \_\_\_\_\_

III. **Point of contact for questions:** \_\_\_\_\_

**IV. Request type:**

a. Select one of the following:

- i.  This is a request for new furniture/accessories for an existing space currently occupied by the requestor.
- ii.  This is a request for new furniture/accessories for an existing space NOT currently occupied by the requestor.
- iii.  This is a request for refurbishing/refinishing existing furniture for an existing space currently occupied by the requestor.

b. Location of existing space:

i. Building: \_\_\_\_\_

ii. Room: \_\_\_\_\_

**V. Description of request:**

a. Description of request (scope of work):

b. Justification for request:

i. Supports \_\_\_\_\_

ii. Justification:

iii. Consequences if this request is not completed:

**VI. Funding: Select one of the following:**

a.  Funding available from the requestor (Facilities Management will provide a cost estimate before any funds are committed.)

**VII. Preliminary approval signatures:**

Supervisor: (less than \$25K) \_\_\_\_\_

Date: \_\_\_\_\_

Department/Office Chair: (less than \$25K) \_\_\_\_\_

Date: \_\_\_\_\_

Dean (if applicable): (less than \$25K) \_\_\_\_\_

Date: \_\_\_\_\_

Vice President: (over \$25K) \_\_\_\_\_

Date: \_\_\_\_\_

**VIII. Facilities Management signatures:** \_\_\_\_\_

Date: \_\_\_\_\_