

If this Service Request involves a MOVE or a SPECIAL EVENT SET-UP, please complete the appropriate form.
[Move Request](#) [Special Event Set-Up Request](#)

Date Submitted: _____ Work Order #: _____

Where will this work take place:

Building: _____ Bldg ID: _____ Floor: _____ Room: _____

Is this space currently assigned to your department per Facilities Space inventory? Yes No

Are you changing the use of any existing space? Yes No

Estimate Requested

Requested By:

Name: _____

Empl ID: _____

E-mail: _____

Phone: _____

Dept: _____

Signature to authorize this request - Dean/Department Head _____ Date _____

Funding:

You may split by percentage. If you need additional lines for funding, please list below.

| | | | | | |
|-------|--------|-----------|-----------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Fund | Dept # | Account # | Program # | Project # | % |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Fund | Dept # | Account # | Program # | Project # | % |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Fund | Dept # | Account # | Program # | Project # | % |

Signature to authorize funding _____ Date _____
Signatory must have the authority to approve depletion of funds

Job Request: Attach drawings and other information if necessary. Please be specific.

[Large empty box for job request details]

Requested Completion Date: _____

For Facilities Management Office Use

Date Received _____ Crew _____

Type _____ Billing Type _____

Sub-Type _____

Route this completed form to:

Facilities Management
Work Control Group
Thorson Maintenance Center

Secure File Transfer:
<https://filetransfer.ndsu.edu/filedrop/ndsu.facilitiesmgmt@ndsu.edu>