UNIVERSITY OF MARYLAND   **PROJECT** Request for Facilities Management

Please complete and submit to the FM- Customer Response Center email: fmcrc@umd.edu

Requester

Name		**Phone**	
Title		**Email**	
Department:			

Location of Work: **Building / Room(s) or Area**	
Desired Date/Time of Delivery	

*Service Requested - Please provide a detailed scope of work on the attached worksheet *

Financial Information (not required for Maintenance requests)

Billing Department		**Billing Address**	
Contact Person			

Payment Method(s)	**Fund Source Account #**	**Funding Amount**
Fund from campus account(s)		
Requesting funding from a campus, State or external source		

D.   Request Authorization

Select an authorization option for your request and sign

❑   **I request delivery of the services described above and authorize payment of all associated costs.**

❑   **I request a detailed project budget for the services described above. This option is required if campus or State funding is requested.**

Signature: _____ __ _____**Date:**_____

Approvals

Authorized Approver: _____ **Date:**_____

FM use-W.O. / Project		**Unit:**	
Project		**Date:**	

UNIVERSITY OF MARYLAND

Worksheet   Please identify the scope of the project by indicating which of the following apply

| Location of Work:

Building / Room(s) / Area | |

Section #1 General information

Type of room:

- ☐ Office
- ☐ Classroom
- ☐ Lecture Hall
- ☐ Lab
- ☐ Research
- ☐ Other:
  _____

Change of use: (example: OFFICE to a LAB)

- ☐ No
- ☐ Yes   From: _____to _____

Is this an Expansion of a current or planned project?

- ☐ No
- ☐ Yes, description below:

_____
_____
_____
_____
_____
_____
_____

* Please attach any additional information

Section #2 Project Scope: (please list all that apply)

- ☐ Design (space planning/interior design)
- ☐ Additional heating/ cooling
- ☐ Audio visual
- ☐ Cabinets
- ☐ Ceiling- new/ remove
- ☐ Data
- ☐ Doors- new/ remove
- ☐ Electrical receptacles
- ☐ Flooring
- ☐ Fume hoods
- ☐ Furniture
- ☐ Lighting
- ☐ Equipment (New)
  - ○ **Type: _____**
- ☐ Equipment (Relocate)
  - ○ **Type: _____**
- ☐ Paint
- ☐ Plumbing
- ☐ Potential Hazardous Materials (information attached)
- ☐ Provide utilities for new or existing equipment
- ☐ Relocate equipment
- ☐ Sinks
- ☐ Unique considerations (e.g. noise attenuation)
- ☐ Walls- new/ remove
- ☐ **Any Time Constraints?** (for example, summer project, winter break project, overnight work only, weekend work only, etc.)

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