

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 *					
	ation (not requir	ed for Maintenance requests)			
Billing Department			Billing Address		
Contact Person			Auuress		
	()				
Pavment Method(s) Fund from campus account(s)		Fund Source Account #		Funding Amount	
Tunu irom 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.					
= Trequest usin er, or the ser trees described and te and addressing payment or an associated essist					
☐ I request a detailed project budget for the services described above. This option is required if campus or State funding is requested.					
campus of State funding is requested.					
Signature:		Date:			
_					
E. Approvals					
Dean/Director:		Date:			
Vice President:			Date:		
FM use-W.O. / I			Uni		
Proje	ct		Date	2:	



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** Section #2 Project Scope: (please list all that apply) ☐ Design (space planning/interior design) Type of room: □ Office ■ Additional heating/cooling □ Classroom ■ Audio visual ☐ Lecture Hall □ Cabinets □ Lab ☐ Ceiling- new/ remove □ Research □ Data □ Other: □ Doors- new/ remove ■ Electrical receptacles Change of use: (example: OFFICE to a LAB) **□** Flooring □ No ☐ Fume hoods □ Yes From: _____to ____ ☐ Furniture □ Lighting Is this an Expansion of a current or planned project? ■ Equipment (New) □ No o Type: ☐ Yes, description below: ■ Equipment (Relocate) o Type: _____ □ Paint □ Plumbing ■ Potential Hazardous Materials (information attached) ☐ Provide utilities for new or existing equipment ■ Relocate equipment ☐ Sinks * Please attach any additional information ☐ 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.)