

**Capital Projects & Facilities Management (CPFM)**  
**FACILITIES OPERATIONS WORK REQUEST – School of Medicine**

DATE: \_\_\_\_\_ CPFM JOB NUMBER: \_\_\_\_\_

DEPARTMENT REFERENCE NUMBER: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

BUILDING: \_\_\_\_\_  
 (WHERE WORK IS BEING PERFORMED)

ROOM NUMBER: \_\_\_\_\_ DATE WORK NEEDED \_\_\_\_\_

JOB TITLE: \_\_\_\_\_  
 (40 CHARACTERS OR LESS; THIS IS THE DESCRIPTION YOU SEE ON YOUR BILL)

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXTENSION: \_\_\_\_\_ BOX#: \_\_\_\_\_ FAX#: \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXTENSION: \_\_\_\_\_ BOX#: \_\_\_\_\_ FAX#: \_\_\_\_\_

**DESCRIPTION OF WORK:**

*(PLEASE FILL OUT FORM COMPLETELY AND CHECK ALL APPLICABLE BOXES, ENTER N/A IF NOT APPLICABLE)*

ESTIMATE REQUIRED     NO ESTIMATE NEEDED     ATTACHMENTS     REGULATORY REQUIREMENT  
*Note: All School of Medicine jobs require an estimate*

**BILLING INFORMATION**

APPROVED BY: \_\_\_\_\_ EXTENSION: \_\_\_\_\_ FAX#: \_\_\_\_\_  
 AUTHORIZED SIGNATURE\*

TYPE OR PRINT NAME OF APPROVER: \_\_\_\_\_ BOX#: \_\_\_\_\_

434980				
NCA	Fund	DPA	Prog Code (Optional)	Billing Box #

*Dean's Office approval is required for all School of Medicine jobs exceeding \$50K. Fax to Grace Crvarich (514-2759)*

Dean's Office Authorized Signature: \_\_\_\_\_  
 Grace Crvarich

Fund Year: When applicable, will be pulled from a central table.  
 Program Code: if not formally established with accounting, it will be omitted.  
 ANY QUESTIONS REGARDING THIS REQUEST OR FOR BILLING INFORMATION, PLEASE CALL  
 CPFM, FACILITIES OPERATIONS AT (415) 476-2021  
 SEND WORK ORDER REQUEST TO FAX NO: (415) 514-0470

***\*Must be signed by individual authorized to commit funds on behalf of your department.***