

FACILITIES & SAFETY NON-RECURRING FUNDING REQUEST

Project/WO #: _____ Date: _____ Included in Fixed Capital Outlay Yes No

Request/Project Title: _____

F&S Unit (Department): _____

Requestor Name: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Request/Project Description/Schedule - Provide all supporting documentation:

Item	Vendor	Amount
Design		
Construction		
Professional Services		
Building Code (BCO)		
State Fire Marshal (SFM)		
Telecom		
Installation		
Delivery		
Miscellaneous (see miscellaneous description above)		
Project Total:		

REQUESTOR USE ONLY PROJECTS ONLY	FSBO ASST USE ONLY	AVP USE ONLY	FSBO USE ONLY
Project/WO#	F&S #	Sum of Digits (PECO)	Funds Transferred to: Project #
Qualifications Basis selection:	Date:	Deferred Maintenance	FSBO will process Purchase Orders
eBQuotes	Initials:	AVP Operations	Updated in FCO
Criteria-based selection		Other	Verification of Funding:
Rotation		Approved Denied	Accountant Signature Date
		AVP Signature Date	