

SIUE Facilities Management Service Requisition

Please submit completed form to fmserv@siue.edu or Campus Box 1039
with a minimum of two weeks notice.

Requesting Department: _____ Date of Request: _____

Funding Account Title: _____ AIS Budget Purpose #: _____

Requestor: _____ Phone: _____ Email: _____

Primary Service Location: _____
Campus Building Room Number(s)

Requested Start Date: _____ Requested Completion Date: _____

Requested Service (Please submit attachments on a separate sheet)

I CERTIFY THERE IS AN UNOBLIGATED BALANCE AVAILABLE IN THE ACCOUNT INDICATED ABOVE FOR THE SERVICES REQUESTED.

* 76xxxx accounts require additional approval from the Office of Research and Projects (ORP).

* 78xxxx accounts require additional approval from the SIUE Foundation.

Please use Split Billing Worksheet for multiple BP accounts

Fiscal Officer: _____
Name Signature Date

*ORP/Foundation Approval:

Name Signature Date

Internal Use Only

iSD Request #

Date

Validated By

Questions? Contact Facilities Management customer service at (618) 650-3711 or fmserv@siue.edu