

# SIUE Facilities Management Service Requisition

**Split Billing Worksheet:** Please indicate the percentage or dollar amount to be charged to each account.

**BP Account Name:** \_\_\_\_\_

**BP Number:** \_\_\_\_\_

**Percent:** \_\_\_\_\_ **OR** **Dollars:** \_\_\_\_\_

**Fiscal Officer:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

**\*ORP/Foundation:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

**BP Account Name:** \_\_\_\_\_

**BP Number:** \_\_\_\_\_

**Percent:** \_\_\_\_\_ **OR** **Dollars:** \_\_\_\_\_

**Fiscal Officer:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

**\*ORP/Foundation:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

**BP Account Name:** \_\_\_\_\_

**BP Number:** \_\_\_\_\_

**Percent:** \_\_\_\_\_ **OR** **Dollars:** \_\_\_\_\_

**Fiscal Officer:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

**\*ORP/Foundation:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

\* **76xxxx accounts require additional approval from the Office of Research and Projects (OPR).**  
**78xxxx accounts require additional approval from the SIUE Foundation.**