

USF FACILITIES MANAGEMENT SERVICE CENTER

# PAYING WORK ORDER REQUEST & AUTHORIZATION FORM

- THE SERVICE CENTER MAKES EVERY ATTEMPT TO PROCESS REQUESTS THE SAME DAY THEY ARE RECEIVED. IF YOUR REQUEST IS **EMERGENCY** OR **URGENT** IN NATURE, PLEASE CONTACT US IMMEDIATELY BY PHONE UPON SUBMITTING REQUEST.
- ONCE PROCESSED A WORK ORDER NUMBER WILL BE ASSIGNED TO YOUR REQUEST AND AN EMAIL CONFIRMATION WILL BE SENT. PLEASE RETAIN THAT INFORMATION FOR FUTURE REFERENCE & INQUIRES.
- THERE ARE 3 WAYS TO SUBMIT A REQUEST: EMAIL: [FM-SERVICECENTER@USF.EDU](mailto:FM-SERVICECENTER@USF.EDU) | FAX: (813) 974-3199 | IN-PERSON: OPM100
- HAVE A QUESTION? CONTACT THE SERVICE CENTER AT (813) 974-2845

DATE: \_\_\_\_\_ DEPARTMENT / ORGANIZATION: \_\_\_\_\_ DEPT MAIL POINT: \_\_\_\_\_

**REQUESTOR** (PERSON COMPLETING FORM)

NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ (10 digit number no dashes)

**CONTACT** (PERSON AT WORK LOCATION)

NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ SAME AS REQUESTOR

**PLEASE PROVIDE DETAILED AND ACCURATE INFORMATION ABOUT YOUR REQUEST TO AVOID DELAYS IN PROCESSING AND/OR RESPONSE TIME.**

LOCATION / SERVICE TYPE	
BUILDING	
FLOOR	
ROOM	
OUTSIDE	NEAR WHAT LOCATION →
VEHICLE	# 03 -
CART #	# 05-
OTHER	
TABLES	# OF WITH DATE & TIME →
CHAIRS	# OF WITH DATE & TIME →
MOVE	DETAILS OF MOVE →

- PLEASE PROVIDE NOTICE OF MOVE SCHEDULES AT LEAST 2 BUSINESS DAYS PRIOR TO THE MOVE DATE.
- IF THERE IS NO SPECIFIED ROOM NUMBER, PLEASE INDICATE AND LIST CLOSEST ROOM NUMBER (EX: LIGHTBULB OUT IN HALLWAY NEAR OFFICE 1102)
- FOR TABLE AND CHAIR DEPOSITS/RENTAL PAID AT THE CASHIER'S OFFICE, PLEASE INCLUDE DEPOSIT RECEIPT AND COPIES OF ID'S WITH THIS FORM.

**BILLING TYPE (SELECT ONE)**

SIGNATURE IS REQUIRED WHEN CHARGING TO A CHART FIELD NUMBER OR SELECTING ARCD BILLING

CHART FIELD
PROJECT / GRANT
ARCD
PAYMENT CASHIER'S OFFICE

CHART FIELD INFORMATION					
BUSINESS UNIT	OPERATING UNIT	DEPARTMENT ID	FUND CODE	PRODUCT	INITIATIVE
USF01					

GRANTS <sup>1</sup> / CONSTRUCTION PROJECT <sup>2</sup> INFORMATION		GRANT EXPIRATION DATE:
PC BUS UNIT <sup>1&amp;2</sup>	PROJECT ID <sup>1&amp;2</sup>	ACTIVITY ID <sup>1&amp;2</sup>

ACCOUNTABLE OFFICER (PRINT)

ACCOUNTABLE OFFICER SIGNATURE (DIGITAL ACCEPTED)

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Office Use Only

Work Order #: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_