



### REQUEST FOR IMPROVEMENT SERVICES

Site: \_\_\_\_\_ Date: \_\_\_\_\_  
School or Office Site No.

To: Maintenance Department Fiscal Year: \_\_\_\_\_

Estimate Only – maintenance will estimate and send back for approval within two (2) weeks. The estimate is valid for three (3) months.

**The following work is requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Justification:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_ *Estimate Approved by Requestor:* \_\_\_\_\_

Title: \_\_\_\_\_

Phone no: \_\_\_\_\_ Date of Request: \_\_\_\_\_

*(Please complete ORG. KEY of the following)*

*(GP)*

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*(OTHER)*

**Signature of Site Administrator** \_\_\_\_\_

*(I agree to keep the funds in this org key and object code until an internal journal entry is made to pay for this project upon completion)\* For further assistance contact Stanley 535-7057 \* Return this request to B&G with CDD report print-out from IFAS “No later than April 30<sup>th</sup>”. Please fax completed forms to 510-434-1433.*

**FOR MAINTENANCE USE ONLY**

**MAINTENANCE ESTIMATE:**

**Shop:** Carpentry \_\_\_ Electric \_\_\_ Gardening \_\_\_ Glazing \_\_\_ Heat \_\_\_ Locksmith \_\_\_

Sheet/Metal \_\_\_ Paving \_\_\_ Plumbing \_\_\_ Painting \_\_\_ Roofing \_\_\_ Alarm \_\_\_

Date of Request: \_\_\_\_\_ Estimated Material Cost: \_\_\_\_\_

Approved by Director/Manager: \_\_\_\_\_ Estimated Labor Cost: \_\_\_\_\_

Contract / Maintenance: \_\_\_\_\_ Total Estimated Cost: \_\_\_\_\_

Internal Billing No: \_\_\_\_\_ Est. Complete Date: \_\_\_\_\_