



# Work REQUEST & AUTHORIZATION FORM

## For: Student Organizations and University Affiliated Organizations

- 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 REQUEST NUMBER WILL BE ASSIGNED TO YOUR REQUEST AND AN EMAIL CONFIRMATION WILL BE SENT. PLEASE RETAIN THAT INFORMATION FOR FUTURE REFERENCE & INQUIRES.
- PLEASE SUBMIT REQUESTS VIA - EMAIL: [FM-SERVICECENTER@USF.EDU](mailto:FM-SERVICECENTER@USF.EDU) | IN-PERSON: OPM-100
- HAVE A QUESTION? CONTACT THE SERVICE CENTER AT (813) 974-2845

DATE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

**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)

- ARCD** (UNIVERSITY AFFILIATED ORGANIZATIONS) INVOICE WILL FOLLOW AFTER WORK IS COMPLETED.
- PAYMENT CASHIER'S OFFICE** (STUDENT ORGANIZATIONS) QUOTE WILL BE PROVIDED, AND PAYMENT MUST BE MADE PRIOR TO WORK BEING COMPLETED.

BY SIGNATURE I AUTHORIZE AND ACCEPT THE CHARGES ASSOCIATED WITH THIS REQUEST.

SIGNATURE: \_\_\_\_\_ PRINT: \_\_\_\_\_

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

Office Use Only

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