

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



District Facilities BUILDING IMPROVEMENT REQUEST

FACILITIES USE ONLY

District IEL SCC SFCC

This form is for building improvements only. (Request maintenance via <http://inet.ccs.spokane.edu/facilities/workorder.htm>) Describe the proposed improvement in full, using sketches and measurements to make the proposal clear. State the reason for the work below or in an attached letter. Use a separate Building Improvement Request form for each project.

Contact person(s) will receive an acknowledgment with assigned BIR number, please reference this number when contacting Facilities office regarding this project.

PLEASE TYPE OR PRINT AND FILL OUT COMPLETELY

Building name _____ Building No. _____

Room No.(s) or location _____

Project contact person _____ Phone No.(s) _____

E-mail address _____ Mail stop _____

Alternate contact person _____ Phone No.(s) _____

E-mail address _____ Mail stop _____

PROJECT DESCRIPTION (attach extra sheets as necessary)

- Check box for budget estimate only.** (allow 1 week) ***Facilities will not proceed with work without additional approval. A request for a detailed estimate that appears to be less than \$1,000.00 will receive only a budget estimate.*
- Check box for detailed estimate only.** (allow 3 weeks)

PROGRAM IMPACT

The work described below is needed by: (date)_____. Describe program impact (in area below) if date is not met. If no reason is stated, BIR will be assigned routine priority by default.

1st approval signature _____ Administrator signature _____

1st approval name (print) _____ Administrator name (print) _____

Date approved _____ Date approved _____

Budget number (required*) _____ %

_____ %

* BIR will not be processed without assigned budget number(s) and administrative signature.

SEND ORIGINAL TO FACILITIES AT MS 1016 MAKE COPY FOR YOUR RECORDS