## INSTRUCTIONS FOR COMPLETING THE FORM FURNITURE/EQUIPMENT TO BE BUILT BY CONSTRUCTION SERVICES

All areas that must be completed are outlined by a box on the form.

Campus	<b>⇔</b>	Print the name of your campus/organization.	
Date	<b>⇔</b>	Print the date the form is being completed.	
Description of Item	<b>⇒</b>	Choose which type of item you are requesting to be built. If it is not on the list, print the information on the "Other" line.	
Dimensions/Size/Special Request	<b>⇒</b>	Complete any size information here and list any other requirements.	
Quantity	<b>⇔</b>	Indicate the quantity needed of the item.	
Cost Each	<b>⇔</b>	Indicate the cost per item.	
Total Cost	<b>⇔</b>	Calculates for you when you input cost each and quantity.	
Estimate Complete by Construction Services	<b>⇒</b>	Indicate whether you have already gotten an estimate from Billy Spann in Construction Services for the cost of the job.	
Comments	<b>⇔</b>	Enter any additional comments/information here.	
Furniture Budget Code	<b>⇒</b>	Enter the furniture budget code to be charged for this job. Keep in mind that where/by whom the item is being used determines the function.	
Principal/Manager Signature	$\Rightarrow$	The campus principal/organization manager signs here.	
Date	<b>⇔</b>	Enter the date the campus principal/organization manager signs the form.	

## What you do:

- 1. Complete the Furniture Equipment Form on-line and print out for signatures.
- 2. Keep a copy of the completed form with signatures for your campus.
- 3. Send completed form to Construction Services in order for the job to be assigned a number.

## FURNITURE/EQUIPMENT TO BE BUILT BY CONSTRUCTION SERVICES

Campus:		Date:		
Description of Item (one item	type per sheet):			
Bookcase	Plays	set (Pre-K)		_
Shelf		set (K)		_
Desk	Furn	iture Dolly		_
Cabinet	Lock	Locking Teacher Cabinet		
Cubbies	Cou	Countertop		
Mailboxes	Wor	kstation		-
Other (explain)				
Dimensions/Size/Special Requ	irements:			
NOTE: QUANTITY, COST, E BY REQUESTIN	STIMATE, and BUDO			°LETED
Quantity: Co	st Each:	Total Cos	t:]	
Estimate Completed By Constr	ruction Services?:	YES	NO	
Comments:				
Budget Code: This is the code funds available to cover the		ll be charged. <u>Make</u>	e sure there are end	ough
	6393			
Principal/Manager Signature:			Date:	
BUDGET USE ONLY:				
Request #:		Date:		
Job #	Budget Code:			