



# Request for Physical Plant Services (RPPS)

Southern Illinois University Carbondale  
E-Mail: foc@pso.siu.edu FAX: 453-7722 Phone: 453-3621

Project Number

(for Physical Plant Use)

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General Improvements Request (GIR)

Service Requisition (SR)

Date Submitted \_\_\_\_\_

Contact Person \_\_\_\_\_

Department \_\_\_\_\_ mailcode \_\_\_\_\_

Contact Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Work Location \_\_\_\_\_

*Bldg. Name or Address*

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*Room(s)*

*Bldg. No*

Estimate Needed

No Estimate Needed/Proceed with Project (If this box is marked (X), Fiscal Officer must also sign "Approval" section below.)

Description of Work Requested:

Account Title \_\_\_\_\_ 

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 FY Funds

AIS Acct. # 

Budget Purpose	Dept Act. 1	Dept Act. 2	Object

Please provide grant end date \_\_\_\_\_

Account Title \_\_\_\_\_ 

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 FY Funds

AIS Acct. # 

Budget Purpose	Dept Act. 1	Dept Act. 2	Object

Please provide grant end date \_\_\_\_\_

Repair & Maintenance

Permanent Improvement

Work Order No.


Signature of Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_  
(REQUIRED)

Fiscal Officer signature on the line above authorizes Physical Plant Engineering Services to bill the account(s) listed above to develop a Budget Estimate on General Improvement Requests. Additional signatures are required to proceed beyond Budget Estimate. See Departmental Approval section at bottom of form.

Assigned to: 

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 \_\_\_\_\_

Fixed Bid Billing  
 T&M Bid Billing

BUDGET RANGE: 

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 DATE: 

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CONSTRUCTION ESTIMATE


Date: \_\_\_\_\_

DEPARTMENTAL APPROVAL

**Disapproved:** \_\_\_\_\_ Date: \_\_\_\_\_  
Fiscal Officer  
 Cancel  Hold  Change Project Scope

**Approved:** \_\_\_\_\_ Date: \_\_\_\_\_  
Fiscal Officer (authorizes commitment of funds)

\_\_\_\_\_  
Dean, Director (for projects over \$25,000) Date: \_\_\_\_\_

\_\_\_\_\_  
Plant and Service Operations-Director Date: \_\_\_\_\_

Scope Revisions


PP Final Cost \_\_\_\_\_  
CM Final Cost \_\_\_\_\_  
Completion Date \_\_\_\_\_