KANSAS STATE

Facilities Service Request

| Requested By | | Location | |
|---|----------------|------------------------------|--|
| Requestor: | Smith, Jane | * Building: | If multiple locations list in "Additional Location Info" section 🗙 🗸 |
| eld: | jsmith@ksu.edu | Room: | If multiple locations list in "Additional Location Info" section |
| Contact Info | | Additional Location Info: | Outline of Space Requirements: Proposed use, square footage desired, number of occupants. |
| Requestor is not the contact | \checkmark | | |
| List primary contact for * Name : questions regarding | | | |
| space request * eMail: | | Request Details | |
| * Phone: | | * Problem Code: | ALL SPACE REQUEST ON CAMPUS |
| Billing Info | | Additional Description Info: | List department that is requesting space and funding source for any potential renovations. Briefly describe what space you are interested in and how your request supports the guiding principles. |
| Billable request? O Yes 🙆 No / I don't know | | | |
| Account: | | Desired Date: | Date that you would like to occupy space |
| Requisition Number: | | | |

Submit

* - Information is required