

OFFICE OF SPACE AND BUILDING MANAGEMENT (OSBM) WORK REQUEST HERBERT C. HOOVER BUILDING

To be completed by OSBM

CG6 A CONTROL NO: _____

RECEIPT DATE: _____

SECTION I: REQUEST FOR SERVICES (To be completed by Ordering Agency) Agency CONTROL NO: _____

1. Requesting Office/Bureau: _____
2. Agency Point of Contact: _____
(Typed Name) (Room No.) (Phone)
3. Location of Work Requested _____
(Room/Location)
4. Description of Work: _____

Attachments: _____

5. Charge To: _____
(Agency Accounting Data)
6. Ordering Agency Official: _____
(Signature) (Date) (Phone)

(Name) (Position/Title)

SECTION II: COST ESTIMATE (To be completed by OSBM)

Item/Activity	7. Estimated Cost	8. Final Cost
Detailed Estimate Attached: _____	TOTAL:	

9. Project Coordinator: _____
(Signature) (Date Estimated) (Phone)

(Name) (Position/Title)

SECTION III: WORK PERFORMANCE AUTHORIZATION/FUNDS AVAILABLE (To be completed by Ordering Agency)

10. Authorized Agency Official: _____
(Signature) (Date) (Phone)

(Name) (Position/Title)

OEB Authorization for OS
Projects over \$10,000

SECTION IV: COMPLETION CERTIFICATION To be completed by OSBM/Ordering Agency

11. Project Physically Complete: _____
(Date)
12. Authorized Agency Official: _____
(Signature) (Date) (Phone)

(Name) (Position/Title)

To be completed by OSBM

13. Partial Billing: _____
(Signature) (Date)
14. Final Billing: _____
(Signature) (Date)

**OFFICE OF SPACE AND BUILDING MANAGEMENT (OSBM)
WORK REQUEST CHANGE FORM
HERBERT C. HOOVER BUILDING**

To be completed by OSBM

CHANGE NO: _____

SECTION I: REQUEST FOR REVISED SCOPE OF WORK (To be completed by Ordering Agency)

1. CD-410 OSBM Control Number: _____ Agency Control No: _____

2. Change to Scope of Work: _____

3. Ordering Agency Official: _____
 (Signature) (Date)

 (Name) (Phone)

 (Position/Title) (Room)

SECTION II: ESTIMATE FOR REVISED SCOPE OF WORK (To be completed by OSBM)

4. Revised Estimate:

Item/Activity	Original Estimated Cost	New Estimated Cost
TOTAL:		

5. Project Coordinator: _____
 (Signature) (Date)

 (Name) (Phone)

 (Position/Title) (Room)

SECTION III: CHANGE AUTHORIZATION/FUNDS AVAILABLE (To be completed by Ordering Agency)

6. Ordering Agency Official: _____
 (Signature) (Date)

 (Name) (Phone)

 (Position/Title) (Room)

