UCLA School of Dentistry

Facilities Request Form

Requestor Name

Section/Division

Work Location

Work Phone

Email Address

**ACTIONS REQUESTED**

☐ Electrical

☐ Masons

☐ Plumbing

☐ Telephone/Data

☐ Carpenters

☐ Equipment Purchase**

☐ Furniture Purchase

☐ Patch/Paint

☐ Engineers (HVAC)

☐ Remodel/Renovation

☐ Flooring (Carpet/VCT)

☐ Hardware

☐ Environmental Svcs.

☐ Other*

*Please specify in justification area below.

**Equipment purchases must include vendor specifications.

Funding Source for Requested Work

<table>
<thead>
<tr>
<th>Account Name</th>
<th>Acct. Number</th>
<th>Fund</th>
<th>Sub</th>
<th>Proj. Code</th>
<th>Percent</th>
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Justification including specific location of requested work:

Requested By:  
Prepared By:  
Approved By:  

Dean, School of Dentistry:

SODREV022004