## **Request for Services**

U.S. Department of Housing and Urban Development Office of Chief Human Capital Officer

Please Type. Return complete the Office of Chief Human Ca Attention: Facilities Operation		d Space Management Division (S	ee blocks 8 and 9)			
1. Ordering Office Number	2. Office Accounting Code	3. Date	4. OAMS Control Number (Leave blank)			
5. Requester's Name and Organi	zation	6. Room Number	7. Phone			
3. Requester's Name and Organia	201011	o. Room Number	7. Filolie			
8. Services Requested of the Facilities Operations Division		9. Services Requested of the Communications and Space Management Division				
Labor Service		Office Alterations				
Furniture Repair		Telephone Services				
Carpeting		Space Realignment				
Other (describe):		Other (describe):				

10.	Describe	in	Detail	and	Justify
-----	----------	----	--------	-----	---------

## 11. Signature of Authorizing Official

			REGULAR			OVERTIME		
SERVICES		RATE	HOURS	TOTAL	RATE	HOURS	TOTAL	
Labor								
					+			
Material								
Contract Charges	s							
	TOTAL							
ESTIMATED COST		APPROVAL						
HUD Charges								
Material \$								
	\$		DISTRIBUTION					
Contract Charges \$		COPY 1 - ACTION OFFICE COPY 2 - BILLING						
	TOTAL \$	COPY 3 - REQUESTER						