Chief Administrative Officer Furniture Resource Center Service Request	1. Account Code:

I. Administrative Contact		
2. Name:	3. Room #	4. Phone #

II. Work To Be Performed For		
5. Member, Committee, House Officer:	6. Office Name	7. Room #
	8. On-Site Contact	9. Phone #

III. Service Requested

10. Authorization Necessary ☐ Construction ☐ Engraving - Include Names ☐ Safe - Include Person/s To Receive Combination
Signature Required Below ☐ Evaluation For New Carpet Or Draperies ☐ Framing - Request Form By Phone

Description Of Services Requested:

Attach Separate Sheet If Necessary

*11. Maintenance/Repair/Cleaning Services: ☐ Furniture ☐ Refinish/Touch Up/Polish ☐ Carpet ☐ Drapery ☐ Upholstery ☐ Other

Description Of Services Requested:

*12. Delivery/Moving: ☐ Furniture Request ☐ Furniture Pick/Up ☐ Key ☐ Move

Description Of Services Requested:

13. Inventory: ☐ Office ☐ Annex ☐ Storeroom ☐ Other

FOR OFFICE USE ONLY

Comments:	Date Job Received: Date Job Completed:

Member Authorization If Applicable	Date	Office Furnishings Authorization	Date

* During business hours these services may be requested by phone at 6-2421.

Print Or Type

FAX TO 6-2440