WKU ACCESS CONTROL MAINTENANCE REQUEST
INTER-ACCOUNT BILL

Date: __________________
Department: __________________ Phone: __________
Contact Name: __________________ Estimate: Yes ☐ No ☐
Email: __________________________
Banner Acct.: ______________________
Building: __________________ Room #: __________

Description of Work Requested:

ACCEPTANCE OF ESTIMATE and AUTHORIZATION TO PROCEED: I hereby authorize WKU Access Control to proceed with the work described above and on any attached pages. I agree to pay any and all charges associated with this Maintenance Request. I understand the above account number will be charged for all labor, materials and other costs associated with the requested work upon completion of work or delivery of services in accordance with established University procedures.

X____________________________________
Department Head or Authorized Agent (If chargeable) Date

X____________________________________
Access Control Administrator or Authorized Agent

†The following types of requests require a signature be the Vice President for Finance and Administration and a stated source of funding: (1) Design and space planning; (2) Renovation: Any item that would alter the physical structure or use of a facility or exterior environment including code review; (3) New Facilities: Additions to existing or separately standing construction; (4) special events requiring University sponsorship or allocation of funds.

Detailed Cost Summary Attached

TOTAL ESTIMATE: $ __________
Estimates are valid for ninety days

TOTAL CHARGES: $ __________

I hereby certify that the materials and/or services listed above were furnished to the department as specified and that the prices charged are proper.

X____________________________________
Access Control Administrator or Authorized Agent

Additional Authorizing Signature†