Customer	Request	Number
Customer	Request	Number

CUSTOMER REQUEST 1. Date:_____

California State University, Fresno Mail# PO140

	Mali# PO140	Instructions to complete the form is provided below
2. Description of service request		instructions to complete the form is provided only
3. Building Name:		
4. Room Number:		
5. Department:		
6. Requestor:		
7. Contact Person:		
8. Phone Number/Mail#		
9. Work should completed by:		
10. Department Approval:		
11. Contact Email:		
INSTRU	CTIONS TO REQUES	T SERVICES
1) Complete all parts of the form clearly cessing.	y and completely. Inc	omplete service requests may delay pro-

- 2) Submit the service request as soon as possible to ensure ample time for planning, scheduling, and completing your request.
- 3) If you have questions while completing this form, contact us at (559) 278-7422 and we will be happy to help.

Chargeback: If your request for service may result in a chargeback to the department, you will be notified before the service is completed. An authorization from the department or dean will be required on all chargeback services.