

Galveston College
Facilities Service Request

SR Number: _____

Date Received: _____

Requested By: _____ Ext. _____ Department: _____

Date/Time Requested: _____ Date/Time Required: _____

[For Facilities Use Only]

Comments: _____

Signed approvals are also required for: Room Set-ups, Moves, Refurbishing and Painting

**** A minimum of ten (10) working days for requests is required. ****

Supervisor of Department: _____ Date: _____

VP of Department: _____ Date: _____

Director of Facilities: _____ Date: _____

VP for Administration: _____ Date: _____

Job Performed By: _____ Date Completed: _____
[Facilities Only] **[Facilities Only]**