

FACILITIES MANAGEMENT & CONSTRUCTION
Agreement of Service

WORK ORDER NUMBER	<input style="width: 100%;" type="text"/>
JOB TITLE	<input style="width: 100%;" type="text"/>
COST	<input style="width: 100%;" type="text"/>
FMC CONTACT	<input style="width: 100%;" type="text"/>

BILLING INFORMATION	
Cost Center	Additional Cost Center if split funded
AMOUNT	<input style="width: 100%;" type="text"/>
SPEED TYPE	<input style="width: 100%;" type="text"/>
ACCOUNT	<input style="width: 100%;" type="text"/>
FUND	<input style="width: 100%;" type="text"/>
DEPT	<input style="width: 100%;" type="text"/>
PROGRAM	<input style="width: 100%;" type="text"/>
PROJECT ID	<input style="width: 100%;" type="text"/>
CHARTFIELD 1	<input style="width: 100%;" type="text"/>

PROJECT DESCRIPTION

APPROVALS

Department Contact - PRINTED

Department Contact - SIGNATURE DATE

Budget Authority - PRINTED

Budget Authority - SIGNATURE DATE