



MEMORANDUM

TO: _____

FROM: Evelyn R. Armstrong, Superintendent
Building Maintenance and Construction Work Control

DATE: _____

SUBJECT: Customer Project Request (CR) Approval/Disapproval

SCOPE: _____

We have estimated your requested work to cost \$_____, as indicated on the enclosure. If there are any questions, please contact us to review the scope of the work estimated. We want to ensure a mutual understanding of your requirements.

Please sign below and indicate approval or disapproval to charge FOP _____ for the estimated amount. Prompt approval and return to Building Maintenance and Construction will permit us to schedule your work for accomplishment.

Failure to respond within 90 days will result in cancellation of the work order. Records of canceled projects are not maintained in our files.

Please direct inquiries to Eddie Ramirez at 806.834.2779.

ERA/er

Enclosure

APPROVED **DISAPPROVED**

SIGNATURE AUTHORITY

DATE

Provost/VP/Dean Signature Authority
Required if Fund Sources 16B, 16C, 16D, 16E, 16F, or 16G are used

COMMENTS: _____