

**TEXAS TECH UNIVERSITY
PHYSICAL PLANT
SELF-HELP PROJECT FINAL APPROVAL**

DATE: _____

REQUESTING DEPARTMENT: _____

MAIL STOP: _____

PERSON TO CONTACT: _____

PHONE: _____

WORK LOCATION (Building or Area): _____ ROOM: _____

CUSTOMER PROJECT REQUEST (CR) NO.: _____

This project was accomplished in accordance with TTU and BMC established codes, regulations, and operating procedures. Final approval for this project, as completed, is granted.

BMC REPRESENTATIVE

DATE

DEPARTMENT WORK COORDINATOR

DATE