

FURNITURE/EQUIPMENT REQUEST FORM

CONTACT INFORMATION

Requestor Name:

Email Address:

Department/Location

Phone Number:

End User Name:

Campus Location Needing Furniture:

BUDGET INFORMATION

FOAP:

Budget Allocated for Project:

Budget Manager's Name:

Product Layout Approver's Name:

I AM INTERESTED IN PURCHASING:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bookcase/File/Storage Cabinet | <input type="checkbox"/> Conference/Meeting Room Furniture | <input type="checkbox"/> Room Divider |
| <input type="checkbox"/> Private Office Furniture | <input type="checkbox"/> Classroom/Lab Furniture | <input type="checkbox"/> Outdoor Furniture |
| <input type="checkbox"/> Workstation/Open Plan Furniture | <input type="checkbox"/> Kitchen Appliances | <input type="checkbox"/> Other
<i>Please specify details in the description box.</i> |
| <input type="checkbox"/> Lounge Furniture | <input type="checkbox"/> Visual Boards | |

DESCRIPTION

Please provide detailed information (i.e. quantity, dimension, special needs) regarding this request. If you are interested in ordering a particular item, please provide company name, SKU number, item description and/or website link to the item.

DELIVERY/INSTALLATION INFORMATION

Type of access to campus location

Elevator

Stair

Both

Are there fire sprinklers in the location?

Yes

No

Requested Completion Date

* Please refer to the Leadtime & Suggestions for Planning when completing this field

After submitting your Furniture/Equipment request form, a Purchasing agent will contact to discuss the details of your request.

If you have any questions or need assistance with filling out this form, please don't hesitate to contact Purchasing Services at x5898 or email us at purchasing@usfca.edu.