

Date: \_\_\_\_\_

Tenant: \_\_\_\_\_

Suite: \_\_\_\_\_

Caller/Contact #: \_\_\_\_\_

Request/Description of Work:

\_\_\_\_\_  
\_\_\_\_\_

Tenant Charge: \$ \_\_\_\_\_

Administrative Fee: \_\_\_\_\_ 15% \$ \_\_\_\_\_

Tenant Total Charge to be Billed: \$       

Authorized By: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Must be person on the Authorized List to order billable items

Title: \_\_\_\_\_

For Office Use Only \_\_\_\_\_ TLA #: \_\_\_\_\_

Work completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Management Approval \_\_\_\_\_ Date: \_\_\_\_\_