



UNIVERSITY OF  
**SOUTH CAROLINA**  
**Facility Work Request**

Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Building Where the Work Is To Be Done: \_\_\_\_\_ Room: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing Account Information:**

Department

Fund:

Class:

Description and location of work desired. Attach additional sheet, if required

Return to  
Facilities Customer Service & Call Center  
743 Greene Street  
Phone: 777-WORK (777-9675) Fax: 777-7334  
E-Mail: [FMCNotify@fmc.sc.edu](mailto:FMCNotify@fmc.sc.edu)