



# Campus Re-opening Facilities Supplies and Services Request Form

**Instructions:** Complete the first page of this form and submit to [wmc@augusta.edu](mailto:wmc@augusta.edu)  
Call 706-721-2434 (Work Management Call Center) with any questions related to this submission

Department Name: \_\_\_\_\_  
Departmental Contact Person: \_\_\_\_\_ Email & Phone Number: \_\_\_\_\_  
Area EVP and/or President's Cabinet Member: \_\_\_\_\_ Delivery Location: \_\_\_\_\_  
Requested date of service: \_\_\_\_\_

### **Requested Items and/or Services:**

- Spray bottle of Liquid Disinfectant, each no refill (\$7)                      Quantity \_\_\_\_
- Microfiber Cloth, each (\$0.75)                                                              Quantity \_\_\_\_
- Plastic Spray Bottle, each (\$3)                                                              Quantity \_\_\_\_
- Wall mounted Sanitizer Dispenser with one canister, each (\$21)                      Quantity \_\_\_\_
- Sanitizer Stand w/dispenser & 1 canister, each (\$175)                                      Quantity \_\_\_\_
- Plexiglas/Sneeze Guards, prices vary based on size (\$TBD)                              Quantity \_\_\_\_
- Other \_\_\_\_\_
- Large area disinfection services to be performed by EVS staff
- Assessment of work spaces for compliance with social distancing requirements

**Notes/Comments/Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fields below this line to be completed by Division of Facilities Services

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Date request was received: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by Committee

Denied by Committee

Items delivered by: \_\_\_\_\_ on \_\_\_\_\_  
*(EVS employee name)* *(date)*

Items delivered to: \_\_\_\_\_ at \_\_\_\_\_  
*(Recipient's name)* *(location)*

| Quantity | Description of Item | Unit Cost | Total Charge |
|----------|---------------------|-----------|--------------|
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