Revised 07/23/12

UK
UNIVERSITY OF
KENTUCKY®
College of Agriculture

FACILITIES MANAGEMENT
SRM FORM

TO BE COMPLETED BY REQUISITIONER	
Date Created:	
(mm/dd/yy)	
SRM Shopping Cart #:	
Purchase Order #:	

Confirmation #	**Date** (mm/dd/yy)

Date: _____
(mm/dd/yy)

Requested by: _____

Project Name: _____
(if applicable)

Vendor: _____

Scope of Work/Description of Item(s): _____

Estimated Completion Date of Work: _____
(if applicable)
(mm/dd/yy)

Amount: _____

Cost Center #: _____

Contact (for Cost Center Approval): _____

Department #: _____

Internal Order # (Optional): _____

G/L Code (if known): _____

Requestor:_____   **Approver:**_____
(signature)   (signature)

see **blue.**
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