

# PROJECT AND SERVICE REQUEST

CITY OF PHILADELPHIA  
**CAPITAL PROGRAM OFFICE**  
 ONE PARKWAY, 1515 ARCH STREET  
 PHILADELPHIA, PA 19102



**AGENCY SECTION**

REQUESTING AGENCY	AGENCY CONTACT	PHONE NO:	DATE:
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1. SCOPE OF SERVICES REQUIRED

2. LOCATION(S) OF PROJECT(S)

SOURCES OF FUNDS <input type="checkbox"/> Operating Budget - Requesting Agency <input type="checkbox"/> Capital Budget - Line & SubProject _____ <input type="checkbox"/> Requirements Contract <input type="checkbox"/> Public Property Building Services <input type="checkbox"/> Client Agency <input type="checkbox"/> Building Owner (Leased Property) <input type="checkbox"/> Unknown	AMOUNT AVAILABLE	ACCOUNT CODE
	DESIRED COMPLETION DATE  Design - Construction - Move - In -	

AUTHORIZED SIGNATURE (REQUESTING AGENCY)	TITLE	DATE
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**CAPITAL PROGRAM OFFICE SECTION**

RECEIVED BY	DATE
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FUNDING & BUDGET INFORMATION VERIFICATION (Special Circumstances)

CONSTRUCTION SERVICES REQUIRED:

Construction Services       Cost Estimate / Design Services       Telephone / Data Services

PROFESSIONAL SERVICES REQUIRED:       ARCHITECTURAL       ENGINEERING       FACILITY PLANNING

TEAM	PROJECT COORDINATOR ASSIGNED	PRIORITY
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PROJECT NUMBER (Assigned by Project Controls)	ESTIMATED COST	COST PER S.F. (IF APPLICABLE)
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COMMENTS:

PROJECT DIRECTOR SIGNATURE	DATE	PROJECT START DATE
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cc: Design and Construction Project Manager  
 File - Project # - - , Section 1.01