

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40014
FolderID:

Folder Title:
Admin - Forms - Facility Request

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3

EXECUTIVE OFFICE OF THE PRESIDENT
Office of Administration

FACILITY REQUEST

READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM

NO: 46050

1. Org. Code

2. Charged To: (GSA Use Only)

I. ADMINISTRATIVE COORDINATOR

3. Name

4. Agency

5. Room

6. Phone

II. WORK TO BE PERFORMED FOR

7. Name

8. Agency acc't to be charged

9. Room

10. Phone

☐ Check if estimate requested

III. WORK ORDERS

11. CONSTRUCTION/CARPENTRY

☐ Furniture Repair

☐ Locksmith Services

☐ Other

12. DESIGN SERVICES

☐ Furniture

☐ Touch-up

☐ Painting

☐ Carpet

☐ Other

13. MOVING

☐ Computer
Attach OA 65

☐ Furniture

☐ Phone
Attach OA 67

☐ Safes

☐ Other

(Attach copy of this form to EACH item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 MUST be attached to this form for all items being excessed)

14. ELECTRICAL

☐ Outlet

☐ Cable

☐ Other

15. CLEANING

☐ Carpet

☐ Furniture

☐ Drapery

16. OTHER

**PHOTOCOPY
PRESERVATION**

17. AGENCY AUTHORIZATION

18. DATE

19. FACILITIES AUTHORIZATION

20. DATE

FACILITY REQUEST INSTRUCTIONS

1. Complete Sections I, II, and III of the Facility Request, sign and date.

2. Estimates —

A written cost estimate will be provided to the agency for approval prior to the beginning of work only when requested by the agency. (Check box.) Estimates serve primarily as the basis for determining if a GSA Request for Work Authorization (Form 2957) should be generated to cover the cost of the project. Generally, to avoid unnecessarily depleting a miscellaneous account any project estimated at more than \$500 requires a Form 2957.

3. After completing all the information in Sections I, II, and III, remove the Blue copy and retain until completion of the work order. Submit the Yellow and White copies to Facilities Management.

4. Upon completion of the work order, initial the Blue copy indicating the date the work was completed and return to Facilities Management.

5. Call x52335 if you have questions regarding this form or if you need a copy of the GSA Form 2957.

NOTE: All facility requests must be signed and dated by the administrative coordinator for each office or agency. By signing the request, the administrative office verifies the requested work has been approved and the funds are available.

PHOTOCOPY
PRESERVATION

EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 46051		1. Org. Code	
2. Charged To: (GSA Use Only)					
I. ADMINISTRATIVE COORDINATOR					
3. Name		4. Agency		5. Room	6. Phone
II. WORK TO BE PERFORMED FOR					
7. Name		8. Agency acc't to be charged		9. Room	10. Phone
☐ <i>Check if estimate requested</i> III. WORK ORDERS					
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other					
12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ Computer ☐ Furniture ☐ Phone ☐ Safes ☐ Other Attach OA 65 Attach OA 67 (Attach copy of this form to <u>EACH</u> item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 <u>MUST</u> be attached to this form for all items being excessed)					
14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other					
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery					
16. OTHER PHOTOCOPY PRESERVATION					
17. AGENCY AUTHORIZATION		18. DATE		19. FACILITIES AUTHORIZATION	
20. DATE					

EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 46051		1. Org. Code	
		2. Charged To: (GSA Use Only)			
I. ADMINISTRATIVE COORDINATOR					
3. Name		4. Agency		5. Room	6. Phone
II. WORK TO BE PERFORMED FOR					
7. Name		8. Agency acc't to be charged		9. Room	10. Phone
☐ <i>Check if estimate requested</i>					
III. WORK ORDERS					
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other					
12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ Computer ☐ Furniture ☐ Phone ☐ Safes ☐ Other Attach OA 65 Attach OA 67 (Attach copy of this form to <u>EACH</u> item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 <u>MUST</u> be attached to this form for all items being excessed)					
14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other					
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery					
16. OTHER PHOTOCOPY PRESERVATION					
17. AGENCY AUTHORIZATION		18. DATE		19. FACILITIES AUTHORIZATION	
				20. DATE	

FACILITY REQUEST INSTRUCTIONS

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PHOTOCOPY
PRESERVATION

EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 45996		1. Org. Code	
		2. Charged To: (GSA Use Only)			
I. ADMINISTRATIVE COORDINATOR					
3. Name Cheryl Bauerle		4. Agency AIDS Policy		5. Room 736 IP	
				6. Phone 6-2959	
II. WORK TO BE PERFORMED FOR					
7. Name above		8. Agency acc't to be charged		9. Room	
				10. Phone	
☐ Check if estimate requested					
III. WORK ORDERS					
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other					
12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ Computer Attach OA 65 ☐ Furniture Attach OA 67 ☐ Phone ☐ Safes ☐ Other (Attach copy of this form to <u>EACH</u> item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 <u>MUST</u> be attached to this form for all items being excessed)					
14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other					
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery PHOTOCOPY PRESERVATION					
16. OTHER Panic Alarm wiring needs to be checked - the alarm has been set off randomly over the last 2 weeks.					
17. AGENCY AUTHORIZATION		18. DATE		19. FACILITIES AUTHORIZATION	
				20. DATE	

EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 45996		1. Org. Code	
		2. Charged To: (GSA Use Only)			
I. ADMINISTRATIVE COORDINATOR					
3. Name Cheryl Bouwle		4. Agency AIDS Bldg		5. Room 736 TP	
				6. Phone 6-2259	
II. WORK TO BE PERFORMED FOR					
7. Name GSA		8. Agency acc't to be charged		9. Room	
				10. Phone	
☐ <i>Check if estimate requested</i>					
III. WORK ORDERS					
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other					
12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ Computer Attach OA 65 ☐ Furniture Attach OA 67 ☐ Phone ☐ Safes ☐ Other (Attach copy of this form to <u>EACH</u> item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 <u>MUST</u> be attached to this form for all items being excessed)					
14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other					
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery PHOTOCOPY PRESERVATION					
16. OTHER Panic Alarm wiring needs to be checked - the alarm has been set off randomly over the last 2 weeks					
17. AGENCY AUTHORIZATION		18. DATE		19. FACILITIES AUTHORIZATION	
				20. DATE	

HOLD THIS COPY UNTIL WORK IS COMPLETED, INITIAL AND RETURN TO FACILITIES MANAGEMENT

FACILITY REQUEST INSTRUCTIONS

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PHOTOCOPY
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EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 45998	
I. ADMINISTRATIVE COORDINATOR			
3. Name Cheryl Bauere	4. Agency AIDS Policy	5. Room 736JP	6. Phone 6-2959
II. WORK TO BE PERFORMED FOR			
7. Name above	8. Agency acct to be charged	9. Room	10. Phone
☐ Check if estimate requested			
III. WORK ORDERS			
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other			
12. DESIGN SERVICES ☐ Furniture ☐ Touchup ☐ Painting ☐ Carpet ☐ Other			
13. MOVING ☐ Computer Attach OA 65 ☐ Furniture ☐ Phone Attach OA 67 ☐ Safes ☐ Other (Attach copy of this form to EACH item being moved. Indicate specific description and destination of each item or group of items. A completed SF-120 MUST be attached to this form for all items being excessed.)			
14. ELECTRICAL ? ☐ Outlet ☐ Cable ☒ Other Doorbell (@ front door) isn't working.			
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery ELECT 4-28-00 DC01254A 5/4/00			
16. OTHER			
17. AGENCY AUTHORIZATION 	18. DATE 4/27/00	19. FACILITIES AUTHORIZATION So [Signature]	20. DATE 4-27-00

EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 45997		1. Org. Code	
		2. Charged To: (GSA Use Only)			
I. ADMINISTRATIVE COORDINATOR					
3. Name Cheryl Barreira		4. Agency AIDS Policy		5. Room 7410 TP	6. Phone 15-29159
II. WORK TO BE PERFORMED FOR					
7. Name above		8. Agency acc't to be charged		9. Room	10. Phone
☐ <i>Check if estimate requested</i>					
III. WORK ORDERS					
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other					
12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ Computer Attach OA 65 ☐ Furniture ☐ Phone Attach OA 67 ☐ Safes ☐ Other (Attach copy of this form to <u>EACH</u> item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 <u>MUST</u> be attached to this form for all items being excessed)					
14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other					
15. CLEANING ☐ Carpet PROTOCOLY PRESERVATION ☐ Furniture ☐ Drapery					
16. OTHER install lock and provide 3 keys for AIDS Policy Office OEOB 193.					
17. AGENCY AUTHORIZATION		18. DATE		19. FACILITIES AUTHORIZATION	
				20. DATE	

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EXECUTIVE OFFICE OF THE PRESIDENT
Office of Administration

FACILITY REQUEST

READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM

NO: 45995

1. Org. Code

2. Charged To: (GSA Use Only)

I. ADMINISTRATIVE COORDINATOR

3. Name <i>Todd Summers</i>	4. Agency <i>AIDS Policy</i>	5. Room <i>746-IP</i>	6. Phone <i>6-2444</i>
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II. WORK TO BE PERFORMED FOR

7. Name <i>above</i>	8. Agency acc't to be charged	9. Room	10. Phone
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☐ Check if estimate requested

III. WORK ORDERS

11. CONSTRUCTION/CARPENTRY ☒ Furniture Repair ☐ Locksmith Services ☐ Other

Repair three desks in basement (drawers are broken, and they need to be cleaned up)
Repair two windows in basement (sash cords are broken, windows are painted shut, and the glass has paint on it)

12. DESIGN SERVICES ☐ Furniture ☐ Touch-up ☒ Painting ☐ Carpet ☐ Other

Repair damage to stairwell leading into basement - damaged during furniture moving. (both walls and ceiling)

13. MOVING ☐ Computer ☐ Furniture ☐ Phone ☐ Safes ☐ Other

Attach OA 65 Attach OA 67

(Attach copy of this form to EACH item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 MUST be attached to this form for all items being excessed)

14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other

15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery

16. OTHER

PHOTOCOPY
PRESERVATION

17. AGENCY AUTHORIZATION	18. DATE	19. FACILITIES AUTHORIZATION	20. DATE
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EXECUTIVE OFFICE OF THE PRESIDENT Office of Administration FACILITY REQUEST READ INSTRUCTIONS ON BACK BEFORE FILLING OUT THIS FORM		NO: 45588		1. Org. Code	
		2. Charged To: (GSA Use Only)			
I. ADMINISTRATIVE COORDINATOR					
3. Name Cheryl Baurice		4. Agency ONAP/DPC		5. Room 1937B	
				6. Phone 6-2959	
II. WORK TO BE PERFORMED FOR					
7. Name Sandra Thurner if Cheryl Baurice		8. Agency acc't to be charged ONAP/DPC		9. Room TBUTP	
				10. Phone 6-2974	
☐ <i>Check if estimate requested</i>					
III. WORK ORDERS					
11. CONSTRUCTION/CARPENTRY ☐ Furniture Repair ☐ Locksmith Services ☐ Other					
12. DESIGN SERVICES ☒ Furniture ☐ Touch-up ☐ Painting ☐ Carpet ☐ Other					
13. MOVING ☐ Computer Attach OA 65 ☒ Furniture Attach OA 67 ☐ Phone ☐ Safes ☐ Other					
(Attach copy of this form to <u>EACH</u> item being moved; Indicate specific description and destination of each item or group of items; A completed SF-120 <u>MUST</u> be attached to this form for all items being excessed)					
move 1 table in, 1 end table, 1 coffee table, 2 wing back chairs, 3 lamps. 1 desk + 1 large chair into rm. 193 from storage.					
14. ELECTRICAL ☐ Outlet ☐ Cable ☐ Other					
15. CLEANING ☐ Carpet ☐ Furniture ☐ Drapery					
16. OTHER PHOTOCOPY PRESERVATION					
17. AGENCY AUTHORIZATION		18. DATE		19. FACILITIES AUTHORIZATION	
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PHOTOCOPY
PRESERVATION

736 Jackson Pl. NW

WHO Office Furniture

[illegible]