



Building Work Request

First Baptist Church of District Heights

Date of Request: _____ Ministry: _____

Requester Name: _____

Contact Phone: _____ Contact Email: _____

Description of Request:

Estimated Cost: _____ Requested Completion Date: _____

Requester Signature: _____

Submit Building Work Request Form and any applicable supporting documents to Building Superintendent or email to buildsuper@fbcdh.org.

(For Office Use Only)

Type of Request (Building Operational or Improvement): _____

Building Superintendent Approval: _____ Date: _____

Operation Department Approval: _____ Date: _____

How approved (Budget, Trustee, Business Meeting): _____ Date: _____

Approval Authority: _____ Amount: _____

Project Leader Assigned: _____ Date: _____

Finance Department Signature: _____ Date: _____

Work Completion Date: _____ Total Cost of Completed Project: _____