

SPB use only

REQUEST

Agency: [] Governor [] Senate [] House [] SOS [] LBB [] SPB [] DPS [] LRL [] RK Group [] Other (specify) _____

Date of Request Member Room Number or Location

Requested By Position or Title Telephone / Fax Number Email Address

Briefly describe the requested change and the reason for the change: Attachments: [] Yes [] No

REVIEW (to be completed by SPB)

Agency Authorized Signature Date [] Request Approved [] Request Denied [] Request Approved with Modifications Modification: _____

ESTIMATE COST (to be completed by SPB)

Estimated Cost Estimate Provided By Date of Estimate

ACCEPTANCE OF COST (required prior to start of requested work)

Agency: [] Governor [] Senate [] House [] SOS [] LBB [] SPB [] DPS [] LRL [] RK Group [] Other (specify) _____

Source of funds _____

Member Date Or Authorized Member's Staff Date Or Authorized Agency Signature Date