

**LAUSD Administrative Headquarters**  
**AFTER HOURS HVAC REQUEST**

DATE OF REQUEST: \_\_\_\_\_ Phone: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**NOTE: HEATING, VENTILATING AND AIR CONDITIONING (HVAC) IS SCHEDULED FOR REGULAR BUILDING HOURS: M-F 5:30 AM - 6:30 PM EXCLUDING WEEKENDS AND HOLIDAYS**

After hours charges are \$45/hour PER FLOOR in 1/2 hour increments with a 2-hour consecutive minimum

**Designated areas to receive HVAC:**

FLOOR: \_\_\_\_\_ Cube/office numbers: \_\_\_\_\_

			<u>BILLABLE HOURS</u>
DATE: _____	TIME - FROM: _____	TO: _____	_____
DATE: _____	TIME - FROM: _____	TO: _____	_____
DATE: _____	TIME - FROM: _____	TO: _____	_____
DATE: _____	TIME - FROM: _____	TO: _____	_____
DATE: _____	TIME - FROM: _____	TO: _____	_____

Total Billable Hours: \_\_\_\_\_

NOTE: This form is due by 2:00 PM on the last business day before the services are requested.

Total Billing at \$45 per hour:

FUNDING LINE: (old version)

FUND	AREA	ORGN.	PROG.	OBJ.

(new version):

GL ACCT	COST CTR	FUND

DEPARTMENT AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER FOR FUNDING LINE QUESTIONS: \_\_\_\_\_

**FOR OFFICE OF THE BUILDING USE ONLY**

DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

DATE SUBMITTED TO BUILDING: \_\_\_\_\_ TIME SUBMITTED TO BUILDING: \_\_\_\_\_