



University of California, Berkeley
OFFICE OF ENVIRONMENT, HEALTH & SAFETY



**FPD Construction Services Recharge
Authorization**

This form authorizes the EH&S Fire Prevention Division (FPD) to recharge the account specified below for services related to construction plan review, field inspections, and other construction-related services. To establish your FPD Recharge Account, complete this form, obtain an authorized signature, and send the form to:

EH&S, FPD Recharge Authorization, 317 University Hall, MC 1150 ; or fax it to (510) 643-7595.

The account will be activated within two working days of receipt. Your account will be debited automatically on a monthly basis after each month during which FPD services were rendered.

If requested, FPD will provide you with a verbal estimate of expected recharge costs. You may include this information in the "Notes" box near the middle of this form. Please note that this is an estimate only and should not be viewed as a "not to exceed" quotation. Actual charges will vary based on a number of factors, including plan quality and construction type.

Call (510) 643-5872 with any questions about this form or about your account.



Project (please print or type):	Project number (if applicable):
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Project Manager:	E-Mail Address:	Phone:
		i.e. xxx-xxx-xxxx

Notes:

Chartstring to charge: () = number of digits

Business Unit (1)	BFS Account (5)	BFS Fund (5)	Organization Code (5)	Program Code (2)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project ID <i>optional</i> (6)	Flex Field <i>optional</i> (5)	Speed Type <i>optional</i> (10)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

(Please notify EH&S of any changes to your accounts.)

Fund Source (Check One)	Research	Instruction	Administration	Self Support	This is a	<input type="checkbox"/> new account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	change to an existing account

Billing Address (for Invoices) (Accounting Contact Information)	Mail Code:	Department:
	Name:	

Signature to Authorize Account:	Date:
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EH&S Use Only

Date Rec: _____ Date Entered: _____ By: _____