

POST OAK CENTRAL

OVERTIME AIR/HEAT REQUEST

BUILDING: _____

TENANT: _____

DATE OF REQUEST: _____

DATE NEEDED: _____

TIME ON: _____ *AM/PM*

TIME OFF: _____ *AM/PM*

SUITE: _____

FLOOR: _____

PERSON REQUESTING: _____

AUTHORIZED TENANT SIGNATURE: _____

**FREE OVERTIME
AIR
SATURDAY 8AM-1PM
BY WRITTEN REQUEST**

PLEASE FAX TO 713-871-0580

NOTE: REQUESTS WILL NEED TO BE FAXED OR HAND DELIVERED BY 2:00 PM ON THE DAY THE SERVICE IS NEEDED. WEEKEND OVERTIME AIR WILL NEED TO BE REQUESTED BY 2:00 PM ON FRIDAY.

ACCOUNTING DEPT USE ONLY

LEASE # _____ **BILLABLE HOURS:** _____

SPACE # _____ **HOURLY RATE:** _____

TOTAL CHARGE: _____

EHV: _____

ZAD: _____

INVOICE DATE/ INITIALS: _____