

WORK REQUEST

(Top Sections Must Be Completed)

FOR PHY. PLANT
ASSIGNMENT

NO. _____

REQUESTING DEPT.	COORDINATOR	TELEPHONE NO.
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DATE	CHARGE ACCOUNT		
	SYSTEM PART CODE:	ACCOUNT NUMBER	FISCAL ACCOUNT NAME

BILLING ADDRESS: NAME OR DEPARTMENT	ATTENTION	MAIL STOP #
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BUILDING OR FACILITY NAME	FACILITY NO.	ROOM NO.
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COMPLETE IF APPLICABLE ~ FUNDING DATA

PROJECT NUMBER	FUND NUMBER	ACCOUNT NUMBER	PURCHASE ORDER NO.
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SERVICES REQUESTED: (DESCRIBE IN DETAIL...INCLUDE STATEMENT OF WHY WORK IS NECESSARY. ATTACH EXTRA SHEET AND/OR SKETCH WHEN NECESSARY.)

CHECK APPROPRIATE BLOCK:

- PROCEED WITHOUT FURTHER REFERENCE TO REQUESTOR
- PROVIDE ESTIMATE ONLY
- APPROVED FOR EXECUTION PROVIDED ESTIMATE DOES NOT EXCEED \$ _____

DEPARTMENTAL APPROVAL	FOR PHYSICAL PLANT USE								
<table border="1"><tr><td>_____ SIGNATURE</td><td>_____ DATE</td></tr><tr><td>_____ SIGNATURE</td><td>_____ DATE</td></tr><tr><td>_____ SIGNATURE</td><td>_____ DATE</td></tr></table>	_____ SIGNATURE	_____ DATE	_____ SIGNATURE	_____ DATE	_____ SIGNATURE	_____ DATE	ACCOUNT VERIFICATION: OTHER EXPENSES SOLVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO BALANCE \$ _____ CAPITAL OUTLAY SOLVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO BALANCE \$ _____ INITIAL _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <table border="1"><tr><td>_____ SIGNATURE</td><td>_____ DATE</td></tr></table>	_____ SIGNATURE	_____ DATE
_____ SIGNATURE	_____ DATE								
_____ SIGNATURE	_____ DATE								
_____ SIGNATURE	_____ DATE								
_____ SIGNATURE	_____ DATE								

COMMENTS

PHYSICAL PLANT'S ESTIMATED COST FOR:				OBJECT CLASS	ESTIMATE PREPARED
LABOR	MATERIAL	EQUIPMENT	TOTAL		BY: _____
					DATE: _____