

WORK REQUEST

INSTRUCTIONS

Please **COMPLETE** this form, **PRINT** it and **FAX** or send it to Work Control.
Original Signatures are Required

JOB REFERENCE NO.
 ASSIGNED BY WORK CONTROL

SEND TO:

Work Control
 General Services Bldg.
 Fax Number 4 - 4082

DO NOT USE FOR RENOVATIONS

Refer To This Number On All Correspondence

PART I

REQUEST

1. Requester / Contact Person		2. Phone	3. Department Name & Budget Code	
4. Location (Bldg. Name & Room)			5. Desired Completion Date	
6. Department Head or Dean (Signature) & Date * <i>You must print and sign this form and forward to Work Control</i>				
7. Requester E-mail Address			8. Department Head or Dean Email Address	

PROJECT INFORMATION

9. Description of Project (Follow instructions)

PART II COST DATA TO BE COMPLETED BY WORK CONTROL

Cost Estimate \$	Estimate Date of Completion	Estimate & Date
Department Head or Dean Approval To Fund Work		Date
Total Cost \$	Provost or VP Signature & Date	Assign to: _____ In-House Eng. Servs. _____ Other

Comments