

WORK REQUEST

INSTRUCTIONS

Please **COMPLETE** this form, **PRINT** it and **FAX** it 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 Email 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	Estimator & Date
Department Head or Dean Approval To Fund Work	Date	Assign to: _____
Total Cost \$	Provost or VP Signature & Date	In-House Eng. Servs. _____
		Other _____

Comments