



216001	<input type="checkbox"/>	Grounds	<input type="checkbox"/>
216002	<input type="checkbox"/>	Custodial	<input type="checkbox"/>
216003	<input type="checkbox"/>		

Work Order Number

1. Name of Requestor/Signature of Requestor		2. Department		3. Date	
4. Requestor Email Address			5. Phone Number and Fax Number (Required)		
6. Location of Work (Building)		7. Room Number		8. Date Needed	
9. Complete Description of Work/Project/Name of Event:					
FOAPAL to be charged:					
Fund	Organization	Account	Program	Activity	Location
			70005		
Dept Chair/Director Name (Print) Signature: _____ Date: _____			Requesting Dept. Business Mgr Name (Print) Signature: _____ Date: _____		
Physical Plant Authorized Signature Name (Print) Signature: _____ Date: _____			RSP-Authorized Signature (For Grant Related Requests) Name (Print) Signature: _____ Date: _____		
(Physical Plant Use Only)					
10. Total Estimated Cost:		11. Date of Estimate:		12. Final Cost:	
Labor	Materials			Labor	Materials
13. Work/Project to be completed by following department(s):					
Custodial		Grounds		Plant	HVAC
Project Request Only: the following departments are required to sign off on form			Engineering	Facilities Planning	EH&S

R:\pp-restricted\Phy Plant-Restricted\Chargeback Policy Folder\chargeback forms\Physical Plant Work Order Form and Instructions for Web