



PHYSICAL PLANT WORK ORDER REQUISITION

Please submit two (2) signed copies to the Physical Plant

Work Order No: _____

Review and Approval of Fund Expenditure

Date: _____

_____ Date: _____

Requested By: _____

(Department)

(Building)

(Room)

Nature of work or services to be performed:

Location of Work: _____

*****DO NOT WRITE BELOW THIS LINE*****

Description

Material

Labor

Total Estimated Material and Labor: _____

Job Assigned To: _____

By: _____

Date: _____

Director of Physical Plant

Completion Date: _____

Completed By: _____