

DEPARTMENT OF PHYSICAL PLANT
Work Management Division

Physical Plant Dept: Control No.

1. From:	2. Date of Request
3. To:	4. Date Required
5. Request for <input type="checkbox"/> Cost Estimate <input type="checkbox"/> Performance of Work	6. Sketch/Plan Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Description of Work and Justification (Including location, type, size, quantity, etc.)	

8. For Further Information Call
Name: _____ Phone _____

9. Funds Chargeable— Show Fund and Object Code Local _____ State _____ Other _____

10. Remarks: _____ 11. Signature (Requestor) _____

Requestor Keeps Last Copy

12. Physical Plant Cost Estimate _____ 13. FIXED PRICE Yes No

14. Comment: _____

15. Signature _____
Work Management Div., Dept. of Physical Plant

16. Signature _____
Authorized to proceed. _____ Date _____

17. Approved by Dept. of Physical Plant Date	Work Center	Labor Hours	Labor	Materials	Total Estimate
18. Assigned To _____					
19. Work Order Number: <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px 0;"></div>					
20. Other Comment: _____					
	Total				
				Contingency	
				Equipment	
				Overhead	
				Grand Total	