

REQUEST FOR WORK

FAX, Mail or send to:

CUSTOMER SERVICE CENTER, BOX 36710
Physical Plant Department, Campus Center Way
University of Massachusetts at Amherst 01003

FAX: 545-0729

FOR PHYSICAL PLANT USE

Number Assigned: _____

Work Request # _____

Work Order # _____

1

Attachments:

REQUESTOR'S NAME

DEPARTMENT

TELEPHONE

YES

REQUESTOR'S MAILING ADDRESS

BUILDING AND ROOM(S) REQUIRING WORK

NO

EQUIPMENT NUMBER, IF KNOWN

DATE DESIRED

NAME AND ADDRESS FOR BILLING PURPOSES, IF DIFFERENT FROM ABOVE

DESCRIBE WORK:

AUTHORIZED APPROVAL SIGNATURE

DATE

2

FOR PHYSICAL PLANT USE

WORK TO BE DONE BY:

PROJECT ESTIMATE:

CONTRACT

LABOR \$ _____

PHYSICAL PLANT

MATERIAL \$ _____

EQUIPMENT \$ _____

TOTAL \$ _____

PLANNER

DATE

ESTIMATE APPROVAL

DATE

PROJECT MANAGER

DATE

3

TOTAL AMOUNT TO BE FUNDED BY APPROVING AUTHORITY: \$ _____

4

SPECIFIC ACCOUNT NUMBER

FUNDING AUTHORIZATION SIGNATURE

DATE

NOTE: No work shall be undertaken without a proper authorized signature and in an adequately funded account.

5

COMMENTS: