



# PHYSICAL PLANT WORK ORDER REQUISITION

CORAL GABLES CAMPUS  
CUSTOMER SERVICE OFFICE  
TELEPHONE # 284-4091

MEDICAL CAMPUS  
TELEPHONE # 547-6375

### INSTRUCTIONS:

1. For CORAL GABLES CAMPUS:
  - a. You can fax your order to 284-6773.
  - b. If you prefer to mail your order, fold over and staple since this is a self-mailing form.
  - c. Don't fax and mail your order.
2. For MEDICAL CAMPUS:
  - a. Requisitions should be mailed not faxed.

**NOTE:** All shaded areas are for **physical plant** use only.

DOCUMENT REF # <b>Q</b> 325741		WORK ORDER #			LOCATOR CODE		
REQUESTED BY: NAME		REQUESTED BY: DEPT			ACCOUNT NO.		
TELEPHONE NO.	CAMPUS	BUILDING			PROJECT #		
		NO:	NAME:	FLOOR	ROOM #		
DATE REQUIRED	TIME REQUIRED	PERSON TO CONTACT			TELEPHONE #		
DESCRIPTION OF WORK TO BE DONE							
					ESTIMATE REQUESTED?		
					YES <input type="checkbox"/> NO <input type="checkbox"/>		
AUTHORIZED NAME		AUTHORIZED SIGNATURE			DATE		
AUTHORIZED BUDGET SIGNATURE (WHEN REQUIRED)					DATE		
APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>		PRIORITY:			___ AC ___ SG		
		1 2 3 4			___ CA ___ TR		
APPROVAL SIGNATURE		DATE			___ EL ___ VEND		
					___ EM ___ ZB		
					___ KE ___ ZE		
					___ UNNICO ___ ZM		
					___ PA ___ STOCKROOM		
					___ PL		
					Project Manager's Name		

SHOP	SKILL	LEVEL	SEQ NUM	PARTS	JOB CODE	ESTIMATED HR:MIN	DUE DATE	TIME

CHECK APPROPRIATE BOX



TO:

CORAL GABLES CAMPUS PHYSICAL PLANT DEPARTMENT CUSTOMER SERVICE OFFICE PHYSICAL PLANT BUILDING
<b>Locator Code</b> 2820

MEDICAL CAMPUS PHYSICAL PLANT DEPARTMENT PARK PLAZA EAST SUITE L
<b>Locator Code</b> R-34

FOLD HERE \_\_\_\_\_