

U.R.I. SHOP WORK ORDER

Performing Department _____ **Date** _____

FROM: _____

SWO # _____ ST. REQ. # _____

DEPT: _____

CHARGEABLE: _____

BLDG. _____

DATE REQ'D _____ SCHED. START _____

ROOM: _____ **PHONE NO.** _____

Request Est. _____ Perform wrk _____

PREV. MAINT: _____ Mat'l Est. _____

APPROVED _____

Repair _____ Lbr. Est. _____

Dean, Chairman or Dept. Head

Service _____ Total Est. _____

AUTHORIZED _____

Performing Dept. Head

New Const. _____

SHOPS	EST M. HRS	GENERAL JOB DESCRIPTION	W/SKETCH <input type="checkbox"/>
CARP.			
ELECT.			
PLUMB.			
PAINT			
H.V.A.C.			
CUSTODIAL			
L & G			
AUTO			
PROPERTY			
RECEIVING			
INSITE			
ENG. SERV.			

REQUESTED WORK COMPLETION DATE:

_____ (ASAP is not a date and will not be accepted)