

Physical Plant Use Only

WORK REQUEST FORM
The University of Texas at Austin
Physical Plant – Campus Mail H7015
FAX 471-8788

Work Order Number

Part 1 - REQUEST (COMPLETED BY REQUESTOR)

TO: Physical Plant, Planning & Scheduling, PP1	Dept. Request No. _____
From: Name _____	Account No. _____
Title _____	Location of Work:
Phone _____	Building _____ Room _____
Dept. _____ College _____	Other _____
Request for: _____ Estimate _____ Change Order _____	Special Requirements _____
_____ Performance _____ Other _____	
Description of Work: _____	

Name of Contact _____ Phone _____	
Requestor's Signature _____ Campus Address _____	
(must have signature authority) Date _____ Attachments _____	
(must have Dean's signature for all remodeling projects)	

PART II - ESTIMATE (COMPLETED BY PHYSICAL PLANT)

TO:	
Estimate	Remarks _____
Labor _____	_____
Material _____	_____
Contract _____	Enclosures _____
Contingency _____	Signature _____
Total _____	Date _____

PART III - AUTHORIZATION (COMPLETED BY REQUESTOR)

To: Physical Plant Planning & Construction
Authorization to proceed _____
Requestor's/Dean's Signature _____ Date _____

(Physical Plant Use Only)	A&E _____	Date _____
Disposition: 1. Work Order Assigned To: _____	Utilities _____	Date _____
2. Cancelled. Date _____	Maintenance _____	Date _____
3. Closed. Date _____	Other _____	Date _____