

BLDG. NO. _____

BIE - FACILITY MANAGEMENT WORK REQUEST - SHOP ORDER

SHOP ORDER NO. _____

UTILITY: _____ OTHER: _____ INSTALL CD: _____

WORK REQUESTED:

ENTER MATERIALS AND/OR SPECIAL EQUIPMENT USED.
ACTION TAKEN (IF DIFFERENT FROM WORK REQUESTED).
RECOMMENDATION. ETC.

CODING									
ELEM.	COMP.	CF	NUM.	SEQ.	FACIL INDENT				
REQUESTED BY									
ELEMENT			DATE			PHONE NO.			
APPROVED BY FACILITY MANAGER (INITIAL, IF APPROVAL REQUIRED)									

FOR WEEK OF

CRAFTSMEN SURNAME	S	M	T	W	T	F	S
1							
2							
3							
4							
5							
TRAVEL HOURS:			JOB HOURS:				
COMPLETION DATE:				EST. MAT'L COST:			