

**THE UNIVERSITY OF MICHIGAN
PLANT DEPARTMENT WORK REQUEST FORM**

DO NOT write in boxed areas

Work Request # _____

Chartfield _____

Fund

Org. Code

Program

Subclass

Project/Grant

Authorized Signature _____

Authorized Printed _____

Type _____

Category _____

_____	_____	_____			
Property	Date	Priority			
_____	_____	_____			
Shop #	Shop #	Shop #	Shop #	Shop #	Shop #

****Please Print****

Contact Name

Phone #

Building Name

Room # or Location

Reference #

Drawing #

Est. #

Est. Cost

Description of work to be done:

Confirmed to _____

By _____ on ____/____/____ at ____:____

*If the request was mailed, please allow 5 days for receipt of work request number then call 7-2059.
If the request was faxed to 3-2932, please allow 24 hours for processing the order, then call 7-2059.
Visit our web site at www.plant.bf.umich.edu*