

THE UNIVERSITY OF WISCONSIN—MILWAUKEE

PHYSICAL PLANT SERVICES

WORK ORDER

Form UWM-WO1A
C-S-F/R-S-T-P

PLEASE TYPE

REQUESTING DEPARTMENT:	AUTHORIZATION SIGNATURE:	REQUISITION NO.:	<input type="checkbox"/> SPEC <input type="checkbox"/> B.O.
INFORMATION CONTACT:	TELEPHONE:	ROOM NO.:	DATE:

WORK DESCRIPTION

DO NOT WRITE BELOW THIS LINE

LOCATION OF WORK: BLDG. ABBREVIATION _____ BLDG. NO. _____ RM. NO. _____

SHOP CODE:

NOTES:

DO NOT WRITE BELOW THIS LINE

- Carpenter Shop - 0
- Electric Shop - 1
- Grounds/Movers - 2
- Facilities Repair - 3
- Preventive Maint. - 4
- Paint Shop - 5
- Mechanical - 6
- Stores - 9
- Design Services
- Outside Contractor

TERMINAL ENTRY DATE	OPERATIONS AUTHORIZATION
CRAFTSMAN / DATE COMPLETED	SHOP SUPERVISOR / DATE CLOSED

CLOSING DATE

Please mail to: WORK ORDER CENTER, PHYSICAL PLANT SERVICES.

WORK ORDER CENTER COPY