

California State University, Stanislaus

801 West Monte Vista Avenue, Turlock, CA 95382

Tel: (209) 667-3211

Fax: (209) 667-3303

FACILITIES SERVICES WORK ORDER REQUEST

Date	Name of Requestor	Phone Ext.	Building & Room
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Department	Account	Fund	Dept.	Program	Project	Class	Estimate Required <input type="checkbox"/> Yes <input type="checkbox"/> No
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Department Approval (Signature required before work will begin)

Name of Contact Person	Phone Ext.	If Date of Work/Service is Critical Please Indicate
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<p>Work or Service Requested: (Be brief; make a rough drawing if needed to explain request. Please note that any alterations involving moving walls and doors and/or any change in room classifications will require the approval of the campus planning committee.)</p>
<p>Please Include a Recycling Bin</p>

For Office Use Only

Distribution: Make Copies as Needed

Estimate Date	Estimate Amount	Approved Date	Est. Completion Date
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Assigned To	Assigned To
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Facilities & Support Services Approval (If Required)	Date Approved
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