

UNIVERSITY OF ARKANSAS AT LITTLE ROCK FACILITIES MANAGEMENT

WORK ORDER/COST ESTIMATE FORM			vvork Order Number(s) _	
	O: 501.569.33	_		
PLEA		PLETE SHADED SECTIONS	_	
	~Part I: Gene	ral Information~	_	
Date:				
Requesting Dept.:				Date Assigned
Requester's Name:			FUO	_
Phone Number:				
Fax Number:			Sign Shop/Floor Plans _	
D 46		Mark Channel to Department	Carpentry _	
Request for: (select one)) (Work Charged to Department	Paint _	
	\bigcirc	Cost Estimate (This requires a minimum of 10 business days.)	Roofing _	
			Lock Shop _	
Dept. Budget Number	.		Electrical _	
Location of Work:				
Description of Work:				
			WOC _	
~Part II: Cost Estimate~			DATE STAMP: PLEASE DO NOT ALTER	
The following project/ SIGNED BELOW (PA				
AND TO BE CONVE		Date Received:		
VOID IF NOT A	PPROVED AND			
TO BE COMPLETED	BY FACILITIES	,		
10 52 001111 22125	2117(0)211120			
Cost Estimate Total \$ Cost Estimate Prepare			1	
By:	ed. Date	†		
			1	
			1 - 1	
I have read and se		Part III: Approval of Work Order/Copose expenditure of funds. I also u		mission of this form
		e. Hand-written signatures and da		
		Yes No	Authorized by	
Requester/Dept. Head	d	0 0		
Dean/Director Vice Chancellor for Re	equesting Dent			
		se sign/date in the boxes below this one.		
			1	l I

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