



UNIVERSITY OF ARKANSAS AT LITTLE ROCK
FACILITIES MANAGEMENT
2801 South University Little Rock, Arkansas 72204-1099
WORK ORDER/COST ESTIMATE FORM

FOR FACILITIES MANAGEMENT USE ONLY

Work Order Number _____
Cost Estimate Number _____

~Part I: General Information~

Date: _____
Requesting Dept: _____
Requester's Name: _____
Phone Number: _____
Fax Number: _____

Request for: (check one) ☐ Work Charged to Department
☐ Cost Estimate

Dept Budget Number: _____
Location of Work: _____
Description of Work: _____

Shop Assigned	Date Assigned
Signs/Floor Plans	_____
Carpentry	_____
Paint	_____
Roofing	_____
Lock Shop	_____
Electrical	_____
HVAC	_____
Plumbing	_____
Move & Haul	_____
Custodial	_____
Motor Pool	_____
Warehouse	_____
WOC	_____

~Part II: Cost Estimate~

DATE STAMP

The following project/plans are submitted for your approval. PLEASE HAVE SIGNED BELOW (PART III) AND RETURN IF ESTIMATE IS APPROVED AND TO BE CONVERTED TO A WORK ORDER. "COST ESTIMATE VOID IF NOT APPROVED AND RETURNED TO FACILITIES MANAGEMENT WITHIN 30 DAYS."

TO BE COMPLETED BY FACILITIES MANAGEMENT

Cost Estimate Total \$ _____
Cost Estimate Prepared: Date _____
By: _____

~Part III: Approval of Work Order/Cost Estimate~

I have read and concur with the above expenditure of funds.

	Yes	No	Signature	Date
Requester/Dept. Head	<input type="checkbox"/>	<input type="checkbox"/>		
Dean/Director	<input type="checkbox"/>	<input type="checkbox"/>		
Vice Chancellor for Requesting Dept.	<input type="checkbox"/>	<input type="checkbox"/>		
Special Funding Approval	<input type="checkbox"/>	<input type="checkbox"/>		
Controller's Office Funds Available	<input type="checkbox"/>	<input type="checkbox"/>		

