

**THE UNIVERSITY OF WISCONSIN – MILWAUKEE  
PHYSICAL PLANT SERVICES  
Work Order**

<b>DeptID:</b>	<b>Fund:</b>	<b>Program:</b>	<b>Project/Grant:</b>	<b>Acct:</b>	<b>SubClass:</b>	<b>User Reference:</b>	<b>Work Order #</b>	
Requestor:			Email Address:			PO Number:		
Department:			Authorized Signature:		Phone Number:	Date:		
<b>Brief Work Description:</b>						<b>DO NOT WRITE BELOW THIS LINE</b>		
<b>Location:</b> Building Name _____ Building Number _____ Room No. _____ <b>Detailed Description:</b>         <b>Note for key orders: Deliver key(s) to</b> _____ <b>Room #</b> _____ <b>DO NOT WRITE BELOW THIS LINE</b>						SHOP Date Compl.		
						0	Carpenter Shop	
						1	Electric Shop	
						2	Grounds/Movers	
						3	Facilities Repair	
						4	Preventive Maint.	
						5	Paint Shop	
						6	Mechanical	
						7	Outside Contractor	
						8	Design Services	
9	Custodial, Stores							
OPERATIONS AUTHORIZATION		SHOP SUPERVISOR/DATE CLOSED		PMC ENTRY DATE		PMC CLOSING DATE		

Please mail all copies to: WORK ORDER CENTER, PHYSICAL PLANT SERVICES

**THE UNIVERSITY OF WISCONSIN – MILWAUKEE  
PHYSICAL PLANT SERVICES  
Work Order**

<b>DeptID:</b>	<b>Fund:</b>	<b>Program:</b>	<b>Project/Grant:</b>	<b>Acct:</b>	<b>SubClass:</b>	<b>User Reference:</b>	<b>Work Order #</b>	
Requestor:			Email Address:			PO Number:		
Department:			Authorized Signature:		Phone Number:	Date:		
<b>Brief Work Description:</b>						<b>DO NOT WRITE BELOW THIS LINE</b>		
<b>Location:</b> Building Name _____ Building Number _____ Room No. _____ <b>Detailed Description:</b>         <b>Note for key orders: Deliver key(s) to</b> _____ <b>Room #</b> _____ <b>DO NOT WRITE BELOW THIS LINE</b>						SHOP Date Compl.		
						0	Carpenter Shop	
						1	Electric Shop	
						2	Grounds/Movers	
						3	Facilities Repair	
						4	Preventive Maint.	
						5	Paint Shop	
						6	Mechanical	
						7	Outside Contractor	
						8	Design Services	
9	Custodial, Stores							
OPERATIONS AUTHORIZATION		SHOP SUPERVISOR/DATE CLOSED		PMC ENTRY DATE		PMC CLOSING DATE		

**THE UNIVERSITY OF WISCONSIN – MILWAUKEE  
PHYSICAL PLANT SERVICES  
Work Order**

**User Reference:** \_\_\_\_\_ **Work Order #** \_\_\_\_\_

Requestor:	Email Address:	PO Number:
Department:	Authorized Signature:	Phone Number:
Date:		
<b>Brief Work Description:</b>		<b>DO NOT WRITE BELOW THIS LINE</b>
		SHOP Date Compl.
<b>Location:</b> Building Name _____ Building Number _____ Room No. _____		0 Carpenter Shop
<b>Detailed Description:</b>		1 Electric Shop
		2 Grounds/Movers
		3 Facilities Repair
		4 Preventive Maint.
		5 Paint Shop
		6 Mechanical
		7 Outside Contractor
		8 Design Services
		9 Custodial, Stores
<b>Note for key orders: Deliver key(s) to</b> _____ <b>Room #</b> _____		
<b>DO NOT WRITE BELOW THIS LINE</b>		
SHOP SUPERVISOR/DATE CLOSED	PMC ENTRY DATE	PMC CLOSING DATE

**THE UNIVERSITY OF WISCONSIN – MILWAUKEE  
PHYSICAL PLANT SERVICES  
Work Order**

**User Reference:** \_\_\_\_\_ **Work Order #** \_\_\_\_\_

Requestor:	Email Address:	PO Number:
Department:	Authorized Signature:	Phone Number:
Date:		
<b>Brief Work Description:</b>		<b>DO NOT WRITE BELOW THIS LINE</b>
		SHOP Date Compl.
<b>Location:</b> Building Name _____ Building Number _____ Room No. _____		0 Carpenter Shop
<b>Detailed Description:</b>		1 Electric Shop
		2 Grounds/Movers
		3 Facilities Repair
		4 Preventive Maint.
		5 Paint Shop
		6 Mechanical
		7 Outside Contractor
		8 Design Services
		9 Custodial, Stores
<b>Note for key orders: Deliver key(s) to</b> _____ <b>Room #</b> _____		
<b>DO NOT WRITE BELOW THIS LINE</b>		
SHOP SUPERVISOR/DATE CLOSED	PMC ENTRY DATE	PMC CLOSING DATE