

THE UNIVERSITY OF WISCONSIN – MILWAUKEE
PHYSICAL PLANT SERVICES
Work Order

DeptID:	Fund:	Program:	Project/Grant:	Acct:	SubClass:	User Reference:	Work Order #	
Requestor:			Email Address:			PO Number:		
Department:			Authorized Signature:		Phone Number:	Date:		
Brief Work Description:						DO NOT WRITE BELOW THIS LINE		
						SHOP Date Compl.		
Location: Building Name _____ Building Number _____ Room No. _____ Detailed Description: Note for key orders: Deliver key(s) to _____ Room # _____						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

DeptID:	Fund:	Program:	Project/Grant:	Acct:	SubClass:	User Reference:	Work Order #	
Requestor:			Email Address:			PO Number:		
Department:			Authorized Signature:		Phone Number:	Date:		
Brief Work Description:						DO NOT WRITE BELOW THIS LINE		
						SHOP Date Compl.		
Location: Building Name _____ Building Number _____ Room No. _____ Detailed Description: Note for key orders: Deliver key(s) to _____ Room # _____						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:		
Brief Work Description: Location: Building Name _____ Building Number _____ Room No. _____ Detailed Description: Note for key orders: Deliver key(s) to _____ Room # _____ DO NOT WRITE BELOW THIS LINE				DO NOT WRITE BELOW THIS LINE		
				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					
DO NOT WRITE BELOW THIS LINE			DO NOT WRITE BELOW THIS LINE			
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:		
Brief Work Description: Location: Building Name _____ Building Number _____ Room No. _____ Detailed Description: Note for key orders: Deliver key(s) to _____ Room # _____ DO NOT WRITE BELOW THIS LINE				DO NOT WRITE BELOW THIS LINE		
				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					
DO NOT WRITE BELOW THIS LINE			DO NOT WRITE BELOW THIS LINE			
SHOP SUPERVISOR/DATE CLOSED		PMC ENTRY DATE		PMC CLOSING DATE		