

CFR/FWRC AND MAFES WORK ORDER REQUEST

This form should be used for all CFR/FWRC and MAFES work order requests including work to be performed by MSU Facilities Management (custodial, landscape, and Physical Plant). Complete and sign this form, and send it to your departmental designee for approval signature. The form will then be forwarded to the Agriculture & Forest Operations unit by email (FacilitiesMaintenance@CFR.MsState.Edu) for processing. Upon completion, a copy of the request form and related invoices will be sent to the requestor and the departmental Budget Manager/Accounts Supervisor if any expenses are billed to the account(s) provided.

Date: Department:

Requestor Name: Project Leader Name:

Requestor Phone: Requestor Mail Stop:

Requestor E-mail:

Location of Work:

Room #: Vehicle Tag #: Equipment/Vehicle Inventory #:

If "other" location, give description:

Requested Start Date: Requested Finish Date:

Describe work needed/special notes:

Additional details or specifications may be attached if necessary.

Estimated Cost of Labor and Materials:

Special Personnel Required:

Charge Account (Fund-Org-Prog-Acct and Percentage)

Account 1: Percentage:

Account 2: Percentage:

A charge account(s) must be provided. If more than one account is to be used, indicate the percentage to charge to each account. (The total of all percentages must sum to 100%.) If more than two accounts are to be used, please specify these details in the special notes section of this form or attach additional information. If you do not know the related account number(s), please contact your department's Budget Manager/Accounts Supervisor to obtain it for reporting on this form.

Departmental Budget Manager/Accounts Supervisor Name:

Please assign priority for this request:	Emergency Thirty Days	One Day Bring a key	Five Days Call before responding
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Approval Signatures:

_____	_____	_____	_____
Project Leader	Date	Department Head	Date

FOR OFFICE USE ONLY

Date order received: _____ Date request completed: _____

Total request costs: _____ Date billed to department: _____