



# PHYSICAL PLANT WORK ORDER REQUISITION

CORAL GABLES CAMPUS  
CUSTOMER SERVICE OFFICE  
TELEPHONE# (305) 284-4091

MEDICAL CAMPUS  
TELEPHONE# (305) 243-6375

**INSTRUCTIONS:**

1. For CORAL GABLES CAMPUS:
  - a. You can fax your order to (305) 284-6773
  - b. If you prefer to mail your order, fold over and staple since this is a self-mailing form.
  - c. Don't fax and mail your order.
2. For MEDICAL CAMPUS:
  - a. Requisitions should be mailed not faxed.

**NOTE: All shaded areas are for physical plant use only.**

DOCUMENT REF# <b>Q</b> 052202			WORK ORDER #				LOCATOR CODE		
REQUESTED BY: NAME			REQUESTED BY: DEPT				ACCOUNT NO.		
TELEPHONE NO.		CAMPUS		NO:			BUILDING		PROJECT #
				NAME:			FLOOR	ROOM #	
DATE REQUIRED		TIME REQUIRED		PERSON TO CONTACT			TELEPHONE #		
DESCRIPTION OF WORK TO BE DONE									
							ESTIMATE REQUESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
AUTHORIZED NAME				AUTHORIZED SIGNATURE				DATE	
AUTHORIZED BUDGET SIGNATURE (WHEN REQUIRED)							DATE		
APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/>				PRIORITY					
				1 2 3 4					
APPROVAL SIGNATURE				DATE					
SHOP	SKILL	LEVEL	SEQ NUM	PARTS	JOB CODE	ESTIMATED HR MIN	DATE	DUE TIME	
									AC          SG CA          TR EL          VEND EM          ZB KE          ZE UNNICO      ZM PA          STOCKROOM PL
									Project Manager's Name

CHECK APPROPRIATE BOX

TO:

UNIVERSITY  
OF MIAMI



CORAL GABLES CAMPUS PHYSICAL PLANT DEPARTMENT CUSTOMER SERVICE OFFICE PHYSICAL PLANT BUILDING
<b>Locator Code</b> 2820

MEDICAL CAMPUS PHYSICAL PLANT DEPARTMENT PARK PLAZA EAST SUITE L
<b>Locator Code</b> R-34

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