



WORK ORDER # _____

Date _____

Phone _____

Mail Code _____

UTC Facilities Planning & Management WORK REQUEST

Requester _____

Requested Start Date _____

Building _____

Requested Completion Date _____

Room(s) _____

Check Box for ESTIMATE ONLY \$ _____

Account # _____

Object Code _____

Department _____

Budget Approval Signature _____

Will this request change the use of this space e.g. Classroom to Office...etc? YES NO

NOTE: This requires prior approval of the Facilities Planning Committee.

Will this request make changes to the floor plan (Adding/Removing walls, doors, utilities...etc) YES NO

Facilities Planning and Management's Approval _____
FPM Signature

DESCRIPTION OF WORK (Please include sketches and/or additional attachments as needed)

Special Circumstances / Requirements:

Facilities Use Only: _____