

MEMORANDUM WORK REQUEST

DATE _____

WORK LOCATION: _____

CHARGE ACCOUNT CODE _____

TO: DIRECTOR OF PHYSICAL PLANT
SERVICES BUILDING VIA CAMPUS MAIL

PHYSICAL PLANT CONTROL NUMBER

PP Use Only

THE FOLLOWING IS REQUIRED:

Signature _____

FOR DEPARTMENT OF PHYSICAL PLANT USE ONLY

Nature of Work Carried Out	MATERIAL			LABOUR			
	ITEMS	QTY	COST	TRADE	HRS	RATE	COST
	TOTAL	X		TOTAL		X	