

Current Date _____ Requested Completion Date _____

Initiator _____ Email _____ Ext. _____

Department Requesting _____

Dean/Vice President Signature _____

Sr Vice/President Signature _____

(Required before submission to Facilities Operations)
BUILDING NAME: _____

WORK DESCRIPTION: _____

OFFICIAL USE ONLY

 WORK ORDER NUMBER

 PROJECT COORDINATOR

 BUILDING CODE

 DATE COMPLETED

 See www.facilities.fit.edu for detailed instructions for the Work Order process. Generally, all work requiring materials purchases or the use of outside vendors requires a Work Order. An estimate of cost will be returned to the initiator to fund the work and receive proper approvals before Facilities Operations proceeds.

AUTHORIZATION TO PROCEED WITH CHARGES					
	Estimate (see attached)	Change Order #1	Change Order #2	Change Order #3	Revised Total Cost
Facilities Labor					
Materials					
Outside Services					
Total Project Cost					
Charge to Dept.					

JV	Index	Fund	Org.	Acct. Code	Prog.	Activity Code
				74236		
Transfer to:				72277		

Date to Proceed _____

DATE OUT	PRINTED NAME	SIGNATURE	DATE
_____ Project Coordinator for Estimate			
_____ Vice President Facilities	Mischka Maxwell		
_____ Requesting Dean/VP			
_____ Research Office (If grant funded)			
_____ SVP/Provost (Academic)			
_____ Sr Vice President (If over \$500)			
_____ President (If over \$50,000)			