

Current Date _____ Requested Completion Date _____

Initiator _____ Email _____ Ext. _____

Department Requesting _____

Dean/Vice President Signature _____

Sr Vice/Provost/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.fit.edu/facilities 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	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	_____	_____
_____	Sr. Director, Operations	_____ Stacy Gordon _____	_____
_____	Requesting Dean/VP	_____	_____
_____	Research Office <i>(If grant funded)</i>	_____	_____
_____	SVPAASA (Academic)	_____	_____
_____	Sr. Vice President <i>(If over \$500)</i>	_____	_____
_____	President <i>(If over \$50,000)</i>	_____	_____