

**THE UNIVERSITY OF WISCONSIN – MILWAUKEE  
PHYSICAL PLANT SERVICES  
Work Order**

<b>DeptID:</b>	<b>Fund:</b>	<b>Program:</b>	<b>Project/Grant:</b>	<b>Acct:</b>	<b>SubClass:</b>	<b>User Reference:</b>	<b>Work Order #</b>	
Requestor:			Email Address:			PO Number:		
Department:			Authorized Signature:		Phone Number:	Date:		
<b>Brief Work Description:</b>						<b>DO NOT WRITE BELOW THIS LINE</b>		
<b>Location:</b> Building Name _____ Building Number _____ Room No. _____ <b>Detailed Description:</b>         <b>Note for key orders: Deliver key(s) to</b> _____ <b>Room #</b> _____ <b>DO NOT WRITE BELOW THIS LINE</b>						SHOP	Date	Compl.
						0	Carpenter Shop	
						1	Electric Shop	
						2	Grounds/Movers	
						3	Facilities Repair	
						4	Preventive Maint.	
						5	Paint Shop	
						6	Mechanical	
						7	Outside Contractor	
						8	Design Services	
9	Custodial, Stores							
<b>OPERATIONS AUTHORIZATION</b>		<b>SHOP SUPERVISOR/DATE CLOSED</b>		<b>PMC ENTRY DATE</b>		<b>PMC CLOSING DATE</b>		

Please mail all copies to: WORK ORDER CENTER, PHYSICAL PLANT SERVICES

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