California State University, Stanislaus
801 West Monte Vista Avenue, Turlock, CA 95382 Tel: (209) 667-3211 Fax: (209) 667-3303

FACILITIES SERVICES
WORK ORDER REQUEST

PRINT CLEAR

Date	Name of Requestor	Phone Ext.	Building & Room

Department	Account	Fund	Dept.	Program	Project	Class	Estimate Required ☐ Yes ☐ No

Department Approval (Signature required before work will begin)

Name of Contact Person	Phone Ext.	If Date of Work/Service is Critical Please Indicate

Work or Service Requested: (Be brief; make a rough drawing if needed to explain request. Please note that any alterations involving moving walls and doors and/or any change in room classifications will require the approval of the campus planning committee.)

Please Include a Recycling Bin

For Office Use Only Distribution: Make Copies as Needed

Estimate Date	Estimate Amount	Approved Date	Est. Completion Date

Assigned To	Assigned To

Facilities & Support Services Approval (If Required)	Date Approved