

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

**PHYSICAL PLANT WORK ORDER**

*For Other Than Building Repairs*

1. DEPARTMENT: \_\_\_\_\_ PHYSICAL PLANT WORK ORDER NO. \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ TO BE CREDITED: **G VOBC 04**

PHONE NO.: \_\_\_\_\_

For Work Order Information  
Call: Ext. 2880

ACCOUNT TO BE CHARGED: \_\_\_\_\_

DEPARTMENT REQUISITION NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

ESTIMATE REQUESTED:  Yes  No  
(If estimate is not requested, please sign on line 4 below,  
otherwise sign here.) \_\_\_\_\_

Authorized Signature

2. Description of work to be performed

Location of work:

3. ESTIMATED COST: \_\_\_\_\_ ESTIMATED COMPLETION TIME: \_\_\_\_\_

by \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: This cost estimate good for 90 days. If work NOT approved within this time, resubmit for revised estimate.

4. Approved by originating department:

Authorized Signature

DATE: \_\_\_\_\_

5. Approved by Executive Committee:

DATE: \_\_\_\_\_

6. Estimate Encumbered By: \_\_\_\_\_

Accounting

Date

MATERIAL

LABOR

CONTRACT

TOTAL