

**The University of Montana Western
Facilities Services Work Order**

Building Name: _____ Location: _____

Brief Description of Project (5 words): _____

Description: _____

Special Instructions: _____

Requested By: _____ Phone Number: _____ Email: _____

Labor Charge Center: _____ Material Charge Center: _____

Department Signature: _____ Date: _____

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This portion filled out by Facilities Services.

Date Received: _____ Date Started: _____

Date Completed: _____ Plant Employee: _____

Description of Work Performed: _____

Date Entered: _____ By: _____ Work Classification: _____

Date Closed: _____ By: _____ Work Order No. _____