



Work Order Number

Department of Physical Plant Work Order

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Phone: 44754

Fax: 41711

1 Requesting Department			2 Name of Requestor		3 Date
4 Requestor Email Address	5 Mail Code	6 Phone Number	7 Alternate Contact		8 Phone Number
9 Location of Work (Building)		10 Room Number		11 Date Needed / Event Times	
12 Complete Description of Project (Attach drawings or additional sheets if necessary.)					
13 Justification (Must be completed for priority work)					
14 Authorized Signature		Date	<input type="checkbox"/> Estimate <input type="checkbox"/> Final Approval	15 Account Number or Billing Information	

(PHYSICAL PLANT USE ONLY)

Special Approvals Received															
EHS <input type="checkbox"/>		DSS <input type="checkbox"/>		AAF <input type="checkbox"/>		<input type="checkbox"/> Digging Permit Required		<input type="checkbox"/> In House		<input type="checkbox"/> Contract		<input type="checkbox"/> General Fund		<input type="checkbox"/> Special Repair	
FPM <input type="checkbox"/>		PS <input type="checkbox"/>		<input type="checkbox"/> _____		<input type="checkbox"/> Drafting Required		<input type="checkbox"/> Service Agreement		<input type="checkbox"/> New Work		<input type="checkbox"/> Auxiliary Fund		<input type="checkbox"/> Minor Cap	
Estimated Cost:					Date of Estimate:					Final Cost:					
Carpenter	Paint	Lock	Electric	Plumbing	Support Team	Chill Plant	HV	PM	NM	Grounds	IR	Custodial	Sign	PG	

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