

**Micro and Nanotechnology Laboratory
University of Illinois at Urbana-Champaign
WORK REQUEST FORM**

Part 1 – REQUEST (Completed by Requestor)

TO: Facilities Manager		Work Order No.:	
From: Name _____		Account No. _____	
Group Name _____		Room No. _____	
Phone _____		Other _____	
Request for: ___ Estimate ___ Change Order		Special Requirements _____ _____	
___ Performance ___ Other			
Description of Work:			
Name of Contact		Phone	
Requestor's Signature		Campus Address	
Date		Attachments	

Part 2 – ESTIMATE (Completed by Facilities Manager)

TO:	
Estimate	Remarks
Labor	
Material	
Contract	Enclosures
Contingency	Signature
Total	Date

Part 3 – AUTHORIZATION (Completed by Principal Investigator)

TO: Facilities Manager	
Authorization to proceed	Date

Facilities Manager Use Only

Disposition:	1. Work Order Assigned To:	A&E	Date
	2. Cancelled. Date:	Utilities	Date
	3. Closed. Date:	Maintenance	Date
		Other	Date