TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT ODESSA

Work Request for Facilities Services

Department: ________________________  Date: ________________________

Contact: ________________________  Phone: ________________________

Needed by: ________________________  Location/Room #: ________________________

Description of Service: ________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Account #: ________________________  Account Name: ________________________

Department Approval: ________________________

(WORK REQUEST WILL BE ASSIGNED WHEN REQUIRED INFORMATION ABOVE IS COMPLETED.)

FACILITIES, OPERATIONS & MAINTENANCE USE ONLY

Date Completed: ________________________  Work Order #: ________________________

Completed by: ________________________  Service Code #: ________________________

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Number of Man Hrs: ________________________ x $17.00/hour

(Minimum 15 minute charge, 15 minute incremental charge thereafter)

$17.00 flat rate charge for pickup of surplus property up to 1 hour, afterwards billed in 15-minute increments (excluding computer and computer-related items)

Service Charge: ________________________

ATTACHMENT D
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February 27, 2009