

**APPENDIX B**

**OAKLAND UNIVERSITY  
WORK REQUEST**

Department \_\_\_\_\_ Building \_\_\_\_\_ Date \_\_\_\_\_

Room No. \_\_\_\_\_ Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Charge Account No. \_\_\_\_\_

Estimate Requested: Yes \_\_\_\_\_ No \_\_\_\_\_ Not to Exceed Cost \_\_\_\_\_

Desired Completion Date \_\_\_\_\_

Requested by \_\_\_\_\_  
(Originator)

Approved by \_\_\_\_\_  
(Department Head, Chairperson, Dean, Director)

Description of Work Request

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Work Order # \_\_\_\_\_ Estimated Cost \_\_\_\_\_  
(T & M)

Scheduled Start Date \_\_\_\_\_

Planned Completion Date \_\_\_\_\_ CF&O Staff \_\_\_\_\_ Contract \_\_\_\_\_

Construction Cost	\$ _____
Labor _____ Hours	\$ _____
Material \$ _____ Cost	\$ _____
Professional Fees	\$ _____
10% Contingency	\$ _____
Total Charge	\$ _____