

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

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	\$ _____