

**Internal Use Only**

**Work Order #**

*\*will be assigned upon receipt*



College of Agriculture

# FACILITIES MANAGEMENT WORK ORDER REQUEST

Event Services (tables/chairs/grill/etc.)

**CONTACT INFORMATION**

Employee Name:

Department Name:

Department #:

Email:

Phone:

Fax:

Describe the request in detail:

**BUSINESS INFORMATION**

Cost Center # (required):

Internal Order (optional):

Assignment Code (optional):

Business Officer Name:

Business Officer Email:

REQUESTED ITEMS:  Tables

(select all that apply)  Chairs

Grill

Other \_\_\_\_\_

LOCATION: \_\_\_\_\_

Date Work Should Be Completed (mm/dd/yy):



Submit by EMAIL



Print & FAX

**CONTACT INFORMATION**  
 Phone: 859-254-1434 ext.264  
**Fax: 859-281-6438**  
 www.ca.uky.edu/fm



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in the College of Ag