



DEPARTMENT OF THE PHYSICAL PLANT

REQUISITION FOR NON-MAINTENANCE EXPENDITURE

FACULTY:	DEPT.:	JOB NUMBER:
BLDG. & ROOM AREA:	DATE:	WORK ORDER NO.:

DESCRIPTION OF WORK OR MATERIAL WANTED

BUDGET ACCT. NO _____
 ORIGINATOR: _____
 DEPARTMENT HEAD: _____
 DEAN: _____

TO ORIGINATOR:

Once completed please keep a copy for your records, then email form to workorde@lakeheadu.ca or send through interoffice mail.

ESTIMATE OF COST	LU LABOUR		LU MAT'LS.		CONTRACTOR		TOTALS	
ESTIMATED BY: _____								
ACTUAL COST: _____								

OFFICE USE ONLY

DATE RECEIVED: _____
 TO BE ESTIMATED _____
 ESTIMATED APPROVED _____

 ISSUE WORK ORDER: _____