# UNIVERSITY COMPUTER SERVICES

## WORK ORDER FORM
(for PRINTJOBS)

***** ONE JOB PER FORM *****

DATE:_____

FROM:_____ DATE NEEDED:_____

Supplies are furnished by requesting agency-please clear this matter before requesting information. Please print or type COMPLETE DESCRIPTION of information requested and reason for requesting the information. For further information, call Mr. Charles Ordoyne at ext. 4420.

FREQUENCY OF REQUEST:_____

DESCRIPTION (include SAMPLE document, if applicable):_____

_____

_____

_____

_____

JUSTIFY REQUEST:_____

APPROVALS FOR WORK TO BE DONE:

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Person Requesting Work | Ext | Dean/Director | Date |
| _____ | _____ | _____ | _____ |
| Sponsor, Faculty or Staff Authorization | Date | Computer Services | Date |
| _____ | _____ | | |
| Department Head | Date | | |

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## TO BE COMPLETED BY COMPUTER SERVICES STAFF

COMMENTS:_____

_____

WORK COMPLETED BY:_____ DATE:_____ TIME:_____

WORK READY CONTACT BY:_____ DATE:_____ TIME:_____

RECEIVED BY:_____ DATE:_____ POSITION:_____

Revised 05/02/2003