



**CAMPUS SERVICES
WORK ORDER**

**Ph: 305-237-3411 – Fax: 305-237-7387
Room 2140-1**

Please Type

Please submit work orders to room 2140-1 at least two weeks prior to the event to be approved. All signatures required.

REQUESTED BY:		DEPARTMENT HEAD:	
(signature)		(signature)	
DEPARTMENT:		PHONE:	FAX:
DATE SUBMITTED:		DATE OF EVENT:	
NAME OF EVENT:			
TIME OF EVENT:		ROOM #:	EXPECTED AUDIENCE:

=====
SPECIFY DESCRIPTION OF SET UP AND SUPPLIES BEING REQUESTED:

Multiple horizontal lines for text entry.

DIAGRAM:

Large empty rectangular box for diagram.

CAMPUS SERVICES ONLY:

DATE: RECEIVED:
APPROVED:
REJECTED:
NOTES: