Miami Dade College

FURNITURE WORK ORDER

Please **fill out** and **return** to Campus Planner

P:\FAC\SHARED\FAC_MGMT\FAC_D&C\WPDOC\FORMS\FWO-FORM.WPD

GENERAL INFORMATION:

Date Submitted: _____ Date Required: _____

Work Location: Campus: _____ Bldg: _____ Room(s):_____

Requested By: _____ Title:_____

Dept.: _____ Room #: _____ Phone: _____Fax: _____

Contact (if different): _____ Phone: _____ Fax: _____

FUNDING SOURCE:

☐ Campus Funds ☐ Other (SPECIFY) _____

TYPE OF WORK:(Check all that apply)

☐ Reconfigure only ☐ Purchase & Reconfigure ☐ Removal & Storage by Campus

☐ Estimate only ☐ Purchase w/ installation only ☐ Repair

☐ Other(Specify)_____

DESCRIPTION OF WORK: (Include sketches if applicable)_____

_____

_____

_____

_____

☐ Attachments(Specify)_____

AUTHORIZING SIGNATURES:

_____ _____

Campus Facilities Planner Date

_____ _____

Campus Dean For Administration Date

FWO NUMBER _____ **PROJECT** _____

DATE RECEIVED _____ **REQUISITION#(S)**_____

COMPLETED _____