

PHYSICAL PLANT WORK ORDER

(Minimum one week notice required)

Function/Group:

Beginning: Date: _____ Time: _____

Ending: Date: _____ Time: _____

Location of Function:

Contact Person: William Tilley
(First and last name)

Department: Conference Services

Ext: 675

Work Request:

Set Up Completed by: _____ Date: _____ Time: _____

Tear Down: _____ Date: _____ Time: _____

Work Description

_____ Hollow Square
_____ U-Shaped
_____ Theater
_____ Classroom
_____ Rounds - _____ # Per Table (Jemez Rooms Only)

Head Table: # _____ of seats
Serving Tables: **Skirted:** _____
Podium: _____
Extra Trash Receptacles: No # _____
Extra Safety Officers: No

Out-of-Scope Costs -- (to be completed by Physical Plant):

Extra Safety Officers: _____ officers x _____ hours needed x \$ _____/hour = \$ _____ **Total Cost:**

Out-of-Scope Custodial: _____ personnel x _____ hours needed x \$ _____/hour = \$ _____ **\$ _____**

Acct Number: _____ **Department Approval:** _____

Special Instructions:

Diagram of Room Set-Up or Problem

Reviewed/Approved: _____ **Date** _____ **Time** _____ **am/pm**

Director of General Services