

**BROWARD COMMUNITY COLLEGE
REQUEST FOR REPAIRS/SERVICE**

Organizational Unit Number: _____ Date: _____

Organizational Unit Name: _____ Approved: _____
Dept. Head

Location: _____ Dean's Actions: _____

Requested By: _____ Forwarded: _____

Routine: _____ Urgent: _____ Approved: _____

Telephone Number: _____ Disapproved: _____

Describe Work Required:

Requested Completion Date: _____ Request Number: _____
(Original and one (1) copy required by Physical Plant Department)

PHYSICAL PLANT WORK ORDER

Lead Section: _____ Number: _____

Instruction:

Signed: _____ Date: _____

Approved: _____

9/15/2000