Camp Shelby Joint Forces Training Center FY **Work Order Number**

Department of Public Works

20**15**

**Work Order Request**

Date: Time:

Requested by (Authorized on DA Form 1687):

Unit/Dept:

Phone Number: Cell:

Project: Project Mgr:

CHARGEABLE ACCOUNT/S

      2705 - Museum       3700 - Timber Fund       4500 – Credit Union

      4800 - 177TH AR Bde       5100 - All Ranks Club       5300 - AAFES

      5330 - YCP       5500 - Barber Shop       5700 - MWR

      8800 MOB - IMA       8900 - 158th TSB       9910 - State Emergency

      9162 – CTA Equip       BASOPS       Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIPR IMA LINE #

MIPR Control Number:

**Location /Building Number** ***Where Work Is Needed***:

Work Requested (Specific: Repair/Replace/Construct/Upgrade/Provide Services):

**Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print) (Signature)**

**REQUESTOR – DO NOT WRITE BELOW THIS LINE**

Cost Estimate Required before beginning work New Construction: DPW APPROVAL

Labor: \_\_\_\_\_\_\_\_ people x \_\_\_\_\_ hours Justification: Attached / Needed

Service: $\_\_\_\_\_\_\_\_\_\_\_\_\_      Approved / **Not** Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Material: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Est. Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_

RM-E/P: Recommend / **NOT** Recommend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Input WO:       Hold:

Priority (1-6):\_\_\_\_\_\_\_\_\_\_\_\_ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_