

UCI STUDENT CENTER
BUILDING MAINTENANCE WORK ORDER

B116 Student Center • Irvine, CA 92697-5650 • (949) 824-7364 • FAX (949) 824-8017

JOB No:
_____ - _____

I. CONTACT INFORMATION

Date: ___ / ___ / ___ Contact Name: _____

Department: _____ Phone: _____

II. BILLING INFORMATION

Account No.: 9 - _____ - _____ - _____

Please Send Invoice

III. PROJECT STATUS (Please check the appropriate box)

EMERGENCY (Requires immediate attention)

PRIORITY (Please complete by: ___ / ___ / ___)

NO RUSH (Please notify upon completion)

IV. PROJECT DESCRIPTION

Room Number: _____ Location: _____ Diagram Attached? YES NO

Work Request (Be Specific): _____

----- (UCI STUDENT CENTER MAINTENANCE DEPARTMENT USE ONLY) -----

Date Logged: ___ / ___ / ___

Comments: _____

Charges:

Material Cost \$ _____

Full-time Labor: _____ hrs X Rate = \$ _____

Part-time Labor: _____ hrs X Rate = \$ _____

Facilities Management Cost \$ _____

Total Cost \$ _____

Maintenance Staff: _____

Completion Date: ___ / ___ / ___