



Technical Services  
Work Requisition

WO no. (Office Use Only)

Date: \_\_\_\_\_  
Originator: \_\_\_\_\_  
Room No: \_\_\_\_\_

Dept: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Authorization

Name: \_\_\_\_\_  
(Please Print)  
Signature: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Description: (Please provide all information, deadlines, and any drawings in the space below)  
(If urgent, contact Technical Services at 864-8712)

[Large empty box for description]

Radioactive or Biosafety Cert. #: \_\_\_\_\_ Service NL Permit: \_\_\_\_\_

FOAPAL			
FUND	ORGANIZATION	ACCOUNT	PROGRAM

**Note: All FOAPAL information must be provided and form signed before work can start.  
Forms can be sent to Work Shop, Office or e-mailed to techsvs@mun.ca**

Status: (Office Use Only)  
Estimated:  Opened:  Completed:  Closed: