



Technical Services Work Requisition

WO no. (Office Use Only)

Date: _____ Dept: _____
Originator: _____ E-Mail: _____
Room No: _____ Phone #: _____

Note: Please save and email to your Department Admin Office for authorization.

Authorization

Name: _____ E-Mail: _____
(Please Print)
Signature: _____ 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:	Decontamination Form Attached: YES: NO:
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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: