Kalamazoo College
Facilities Management
337-7308 337-7312

Work Request Number     Date Received

TRADES
Carpenter
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Date: Location (include building & room number):

Description:

Requested by: Dept: Phone:

Charge to: Acct. #:

Assigned to:______________________________ Date Assigned:______________________

Date Job Completed:_______________________ Employee Signature__________________

The following information is for Facilities Management use only, please do not write below this point.

Labor & Material Charges:

Department Name:________________________

Account #:______________________________

Regular Hours:___________________________

Overtime Hours:__________________________

Materials Used:  Cost:

Materials Used:  Cost:

Materials Used:  Cost:

Materials Used:  Cost: