

**OSU FOREST RESEARCH LABORATORY**  
**PHYSICAL PLANT**  
**Work Order**

Index #

Activity Code #

Shop Ref. #

Date:

Requested by

Phone #

E-Mail address:

Needed by: (Check one)

Emergency (Requires Department Head Signature)

Within 10 days

Within 30 days

No Rush

Authorized Signature \_\_\_\_\_

Department Head Approval for Emergencies \_\_\_\_\_

**WORK DESCRIPTION**

(Describe the work to be done, item to be built or repaired, etc. Attach sketches or additional detail to this form. If an estimate is not required, approving authority initial "Estimate by" space).

Material & Labor Costs

- 1
- 2
- 3
- 4
- 5

**Materials subtotal** \_\_\_\_\_

**Labor @ \$50/hr.** \_\_\_\_\_

**TOTAL COST (Materials & Labor)** \_\_\_\_\_

Estimated By: \_\_\_\_\_