

ELECTRONIC SHOP WORK ORDER

DEPARTMENT OF CHEMISTRY

Please provide the following information

Date:

Name and Department:		Email or Phone #:	Office or Lab #:
Account holder's Name:		Account/Stores code(required):	
Manufacturer:	Model No.	Manufacturer Serial No.	UVIC No.
List hazardous materials/conditions or special handling procedures:			Date(job completion deadline):
Description of work issue:			

To be completed by Shop personnel

Recipient Update Log:	Work Completed? (Initial)	Follow-Up Required:
	Date of Completion:	
	Recipient Notified?	

Chargeable materials/time used:

Description	Qty.	Unit Price	Total Price
TOTAL COST OF MATERIAL:			