

**Medical College of Georgia
TELEPHONE WORK ORDER REQUEST**

AGENCY	AGENCY:	CITY:	AGENCY ORDER NO.:		
	BUILDING LOCATION:		ROOM:	PHONE:	
	PERSON TO BE CONTACTED:	IS STRUCTURAL WORK REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IS A PREMISE VISIT REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DESCRIPTION OF WORK TO BE PREFORMED (Use Attachment if Needed):				
	MCG (CAMPUS) PEOPLESOFT ACCOUNT NO.:				
	Account: _____ Fund: _____ Class: _____ Department: _____ Program: _____ Project: _____				
MCGHI ACCOUNT NO.:					
GTA SHIP TO NO.:					
APPROVED (AGENCY COMMUNICATION COORDINATOR):			DATE:	DESIRED SERVICE DATE:	

COMMUNICATIONS OFFICE		
	APPROVED:	DATE: