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| Estate Management Section |
|  |
| Requisition (EPO.15) |
|  |
| **Please complete all highlighted areas**   |  |  | | --- | --- | | EPO.15 / Work Order Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For work or materials in connection with repairs, etc. to buildings ,electrical, heating and ventilating service and installations including furniture (other than departmental equipment)**  **To:** Director of Estate Management  **From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Department/Centre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | Exact Location where service is required | Details of service required | |  |  | | Please charge the above service to:  **Cost Code:**  **Account Code:**  **Date:**    **Signature:** | | |