|  |
| --- |
| 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:** |

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