

**Miami Dade College**  
**FURNITURE WORK ORDER**

Please **fill out** and **return** to Campus Planner

P:\FAC\SHARED\FAC\_MGMT\FAC\_D&C\WPDOD\FORMS\FWO-FORM.WPD

**GENERAL INFORMATION:**

Date Submitted: \_\_\_\_\_ Date Required: \_\_\_\_\_  
Work Location: Campus: \_\_\_\_\_ Bldg: \_\_\_\_\_ Room(s): \_\_\_\_\_  
Requested By: \_\_\_\_\_ Title: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact (if different): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FUNDING SOURCE:**

Campus Funds                       Other (SPECIFY) \_\_\_\_\_

**TYPE OF WORK:**(Check all that apply)

Reconfigure only                       Purchase & Reconfigure                       Removal & Storage by Campus  
 Estimate only                           Purchase w/ installation only                       Repair  
 Other(Specify) \_\_\_\_\_

**DESCRIPTION OF WORK:** (Include sketches if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments(Specify) \_\_\_\_\_

**AUTHORIZING SIGNATURES:**

\_\_\_\_\_  
Campus Facilities Planner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Director of Campus Administration

\_\_\_\_\_  
Date

|                            |                              |
|----------------------------|------------------------------|
| <b>FWO NUMBER</b> _____    | <b>PROJECT</b> _____         |
| <b>DATE RECEIVED</b> _____ | <b>REQUISITION#(S)</b> _____ |
| <b>COMPLETED</b> _____     |                              |