

FACILITIES WORK ORDER REQUEST

Work Order #: _____

Request Date:

Dept ID#:

--	--	--	--	--	--	--	--

I. Contact Information

Student Organization: _____

Student Representative Name: _____

E-mail Address: _____@tufts.edu Phone: _____

II. Event Information

Did you fill out an event planning worksheet? Skip to Section 3.

Event Name: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

III. Request

Building: _____ Room #: _____

Request (List items needed): _____

Facilities Drop-off Time: _____

Facilities Pick-up Time: _____

For Office for Campus Life Use Only

Date Entered: _____ Entered by: _____

Revisions/Additions to Original Work Order: _____

Student Organization Treasurer's Signature: _____