



De La Salle University  
CIVIL WORKS OFFICE

**WORK ORDER FORM**

Please accomplish in duplicate.

**Section A1: Type of service requested (please check)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Fabrication Works  | <input type="checkbox"/> Carpentry      | <input type="checkbox"/> Dismantling    | <input type="checkbox"/> Replace       |
| <input type="checkbox"/> Modification Works | <input type="checkbox"/> Painting Works | <input type="checkbox"/> Plumbing Works | <input type="checkbox"/> Key Duplicate |
| <input type="checkbox"/> Repair             | <input type="checkbox"/> Install        | <input type="checkbox"/> Others _____   |  |

**Section A2: Details of request (attach additional sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target date of completion : \_\_\_\_\_  
Charge to Department/Office \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Account Name : \_\_\_\_\_

**Section A3: Requestor Information**

Position \_\_\_\_\_  
Department / Office \_\_\_\_\_  
Contact no. / Email \_\_\_\_\_

**To be filled out by the Accounting**

Please check

Funds available       No funds available

\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_  
**Requestor's Signature over Printed Name**

Approved by: \_\_\_\_\_  
**Department/Office Head**

*This part to be filled out by CWO Staff*

Target date of completion: \_\_\_\_\_ Date received: \_\_\_\_\_  
**Section B1: Action taken/Remarks/Problems Encountered** Date of completion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Project In-Charge over Printed Name**      \_\_\_\_\_  
**Noted by: CWO Officer**

*This part to be filled out by the requestor upon completion of service requested*

**Section B2: Conformance**

\_\_\_\_\_  
Client / End User

\_\_\_\_\_  
Date

**Section B3: Evaluation**

Please rate the service rendered by CWO using the following criteria:

1 - Poor	2 - Moderately Satisfactory	3 - Satisfactory
4 - Highly Satisfactory	5 - Outstanding	0 - Not Applicable

\_\_\_\_\_ Response time      \_\_\_\_\_ Accuracy  
\_\_\_\_\_ Efficiency      \_\_\_\_\_ Courtesy

Please write your detailed feedback below. Attach a separate sheet if necessary. Thank you for your cooperation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_