

De La Salle University

Mechanical and Electrical Works Office

Please accomplish in duplicate.

WORK ORDER FORM

Section A1: Type of service requested (please check)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Air-Conditioning Unit | <input type="checkbox"/> Electrical | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Radio Transceiver |
| <input type="checkbox"/> Elevator/ Escalator | <input type="checkbox"/> Telephone | <input type="checkbox"/> Event Assistance | |
| <input type="checkbox"/> Evaporative Air-cooler | <input type="checkbox"/> Industrial Fan | <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 _____

Requestor's Signature over Printed Name

To be filled out by the Accounting

Please check

<input type="checkbox"/> Funds available	<input type="checkbox"/> No funds available
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Authorized Signature

Approved by: _____

Department/Office Head

This part to be filled out by MEWO 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: MEWO Director

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 MEWO using the following criteria:

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

Response time

Efficiency

Accuracy

Courtesy

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

