

RESEARCH SERVICES SHOP REQUEST FOR SERVICE

SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE

WORK ORDER NO: _____

WORK LOCATION:

BUILDING: _____ ROOM: _____

TYPE OF EQUIPMENT: _____ MFG: _____

SIU #: _____ MODEL #: _____ SERIAL #: _____

CONTACT PERSON: _____ PHONE: _____

DEPARTMENT: _____ MAIL CODE: _____

FAS ACCOUNT #: _____ BUDGET PURPOSE #: _____

FAS ACCOUNT TITLE: _____

DESCRIBE MALFUNCTION OR OTHER SERVICE NEEDED: (Please be as detailed as possible)

FISCAL OFFICER SIGNATURE: _____

(Signature is required if not submitting form via a secure e-mail message from Fiscal Officer)

PHONE: _____ DATE SUBMITTED: _____

Policy

1. The form can be submitted as a file attachment to a secured e-mail message from the Fiscal Officer or a hard copy with the Fiscal Officer's signature. The information must be complete or form will be returned for the missing information before being assigned a Work Request Number.
2. The assigned Work Request Number will be sent e-mail to the contact person and the Fiscal Officer for future reference.