

TCC Work Request

Date Requested _____ Date Needed _____ Requester _____
Contact Name _____ Phone _____ Email _____
Building _____ Room _____
Hours room unlocked & available _____
Billing Account # _____

Work Description _____

System Description: Make _____ Model _____ Operating System _____
IP Address/Name _____

Please note: There is a one hour minimum for all work requested.

I certify that I am authorized to place charges against the account number above:
Print name here: _____
Signed: _____ Date _____

Service Provider use only

Assigned to: _____ Estimated Completion Date _____

Materials Needed:

Qty	Description	Cost	Extended Cost
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Materials Cost _____

Acceptance of Charges Approved and Work Completed _____

Employee Signature _____ Date _____

X hourly rate: \$50 per hour = _____ Total Labor Cost _____

Total Amount to Bill _____