

INTERDEPARTMENTAL WORK ORDER

FISCAL PERIOD
FY ____ FM ____

Initial Work Order

Modification Increase Decrease

Cancellation

FROM REQUESTING DEPARTMENT _____
TO PERFORMING DEPARTMENT _____

to have the following work performed:

Description:

Document Number		Project Number	
Req Dept	Fiscal Yr	Req Dept	Fiscal Yr
Req Dept	Fiscal Yr	Control Number	
WC			

(System Generated)

Requesting Department On-Line Access to FAMIS? Yes No

Requesting Department Alpha ID.

Type of Service: Recurring One Time Fixed Asset

Requesting Department _____
Dept Ctl. #

Prepared By _____
Phone # _____
Fax _____
Approved By _____ date _____

Performing Department _____
Prepared By _____
Phone # _____
Fax _____
Approved By _____ date _____

Line No.	Trans Code		Document Reference		Amount	Requesting Dept. Index Code	Sub Object	User Code	Grant		Project	
	Code	sfx.	Number	sfx.					Grant	Grant Detail	Project	Project Detail
01												
12												
12												
12												

ONLINE FAMIS

Entered By _____
Date _____
Certification Date (Posted) _____
Remarks: _____

