



# Work Requisition

Job No. (by SCE)	
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**Part 1. (By Originator)**

**a Service Type**

\*Eqpt. Repair / Calibration / Test / Fabrication / Installation / Misc.  
\*(Delete as appropriate)

Delivery Service :  Yes /  No  
(For Calibration & Repair Only)

**b Equipment Information**

Description		Reg. No.	
Mfr & Model		Serial No.	

Ref./MRA No.		Warranty Expiry Date		Fault Occurrence Date	
Exchange Code		Unit		Ordering Code	

Fault Symptoms / Work Details:

Target Date \_\_\_\_\_

**c. Accounting Information**

i	Originator CCC		Project Unit		Originator Ref.	
	W.O. No.		Allocation Code		F.80601 Attached Ref.No.	
	Account Code					

ii Chargeable Account (if different from i)

CCC		Project Unit		Account Code	
W.O. No.		Allocation Code		Amount (If known)	

\_\_\_\_\_ Person to Contact      \_\_\_\_\_ Tel. No.      \_\_\_\_\_ E-mail/Fax      \_\_\_\_\_ Location

Authorized By \_\_\_\_\_  
Signature      Name      Branch/Section      Date

**Part 2 (By SCE)**

Eqpt / Job received :

\_\_\_\_\_ Name & Staff No.      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

**For job enquiry, please contact:**

\_\_\_\_\_ Name      \_\_\_\_\_ Tel. No.

**Part 3 (By SCE)**

Job approved :

\_\_\_\_\_ Name      \_\_\_\_\_ Date

**Part 4 (By Originator at service completion)**

Equipment received :

\_\_\_\_\_ Name & Staff No.      \_\_\_\_\_ Signature      \_\_\_\_\_ Date

**Part 5 (By SCE)**

Job completed & closed :

\_\_\_\_\_ Unit Manager      \_\_\_\_\_ Date