

WORK REQUEST (IFS-M)

(For use of this form, see AR 420-17 and DA FAM 420-6; The proponent agency is UASCE.)

PART A <small>(See Instructions)</small>	CUSTOMER ID CODE	DOCUMENT SERIAL NUMBER	F Y	T Y P	SHORT JOB DESCRIPTION:						DATE			
											DA	MON	YR	
INSTALLATION ABBREVIATION OF FACILITIES		BUILDING / FACILITY NUMBERS												
		1	2	3	4	5	6	7	8	9	10			
1														
2														
3														
REMARKS:														
INSTALLATION NAME				CUSTOMER NAME				POC NAME				POC PHONE NUMBER		
WORK DESCRIPTION: <i>(Description and justification of work requested)</i>														
_____ AUTHORIZED REQUESTOR: <i>(Type or Print)</i>							_____ SIGNATURE							
PART B <small>(Approving Official Only)</small>	APPROVAL ACTION CODE: <input type="checkbox"/>			SPECIAL INTEREST CODE: <input type="checkbox"/>			DATE			DA	MON	YR		
	WORK REQUEST PRIORITY <input type="checkbox"/>			ESTIMATED WORK START DATE:										
	PROGRAM INDICATOR CODE: <input type="checkbox"/>			ESTIMATED WORK COMPLETION DATE:										
ENVIRONMENTAL IMPACT YES NO ENVIRONMENTAL CONSIDERATION EIS/EIA INITIATED EIS/EIA COMPLETE	WORK TO BE PERFORMED IN-HOUSE SELF-HELP CONTRACT TROOP			WORKCLASS TOTAL	APPROVAL AMOUNTS						SOURCE OF FUNDS DIRECT AUTOMATIC REIMBURSEMENT FUNDED REIMBURSEMENT OTHER FUND CITATION			
				<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DESIGN APPROVAL			DATE			APPROVAL AUTHORITY			APPROVAL ACTION			DATE		
			DA	MON	YR				APPROVED DISAPPROVED			DA	MON	YR
<i>(Please type or print name)</i>						<i>(Please type or print name)</i>								
<i>(Signature)</i>						<i>(Signature)</i>								