



INTERIOR DESIGN WORK ORDER ESTIMATE

Requesting Department _____

Project Name _____

Scope of Work _____

Estimated number of hours to be worked _____

Estimated Completion Date _____

*****Please note that this is an estimate only. If the completion date or the number of actual hours worked exceed the estimated number of hours to be worked, a revised estimate will be submitted to the requesting department.**

Manager, Interior Design

Date

Department Head/ Chair/ VP

Date

Funding Source

PLEASE NOTE: This form must be completed and returned to Karin Caswell, Manager Interior Design, before any work can begin.

Last Revised: October 24, 2019