

FACULTY OF HEALTH WORKSHOP

WORK REQUEST FORM



Date of Request

Contact Information

Surname

First Name

Job Title

Building

Faculty

Room Number

School

Ph Number

Unit

kkkkk232

E-mail

Work Details

N.B Equipment Make, Model & Serial No not required for project work

Equipment Name

Equipment Make

Model No

Serial No

Equipment Location

Building

Room No

Restricted Area

Work Category

~~Work Priority~~

Work Description

Cost Collector

MS227, Medical Science Building, University of Newcastle, University Drive
CALLAGHAN NSW 2308

Tel: (02) 49215662 or (02) 49215689

Fax: (02) 49215661

Email: healthworkshop@newcastle.edu.au