

MISCELLANEOUS SHIELDING  
SERVICE REQUEST ORDER (SSRO)  
Tecknit Shielding Services, Inc.

(This form is governed by the terms and conditions of ANL Blanket Purchase Agreement 3K-00001)

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

CCWP Number: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date Required: \_\_\_\_\_ Estimate (Not to Exceed Value): \$ \_\_\_\_\_

Cost Code: \_\_\_\_\_ Requester Budget Approval: \_\_\_\_\_

Floor Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY WENDY VANWINGEREN, TECH. REP. AND TECKNIT REPRESENTATIVE:**

APS Budget Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_

Service Request Order Number: \_\_\_\_\_ Date: \_\_\_\_\_

APS Technical Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Wendy VanWingeren or Rod Salazar)

Tecknit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY TECKNIT AND RETURNED TO FLOOR COORDINATOR AFTER WORK IS COMPLETE AND GIVEN TO WENDY VANWINGEREN TO DISTRIBUTE AND FILE**

Number of Hours Worked: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Tecknit Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Floor Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

APS Technical Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Wendy VanWingeren or Rod Salazar)