

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, Req#E8-284012)

Requestor: _____ Date: _____

CCWP Number: _____

Job Description: _____

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

Cost Code: _____ Requester Budget Approval: _____

Floor Coordinator: _____ Date: _____

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 Cindy Chaffee)

Tecknit Representative: _____ Date: _____

TO BE COMPLETED BY TECKNIT AFTER WORK IS COMPLETED AND GIVEN TO WENDY VANWINGEREN (TECH. REP.) 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 Cindy Chaffee)