

City of Richmond
Administrative Manual

INFORMATION TECHNOLOGY SERVICE WORK ORDER

DATE: _____ Date Services Needed: _____
TO: Information Technology Director Non CIP System Project: **9**
Computer Related Capital Equip **9**
FROM: _____ Department: _____ Accounting Code: _____
DSR Contact: _____ Phone: _____ Department Authorization: _____

Detailed Description of Services Needed:

Reason for Request of Services (Benefits to be achieved):

Existing Systems or Programs Affected:

If Computer Related Capital Equipment: City Manager Approval: _____ Date: _____

FOR IT USE ONLY:

Assigned To: _____ Date: _____
Completed Date: _____ Accepted Date: _____
Completed By: _____ Accepted By: _____