

<p>CMO WORK ORDER NO.</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>Date: _____ Time: _____ Received by: _____</p>	<p>CAMPUS MAINTENANCE OFFICE</p> <p>University of the Philippine Diliman, Quezon City Telefax: 925-8185 / 925-8228 U.P. Trunkline: 981-8500 Local: 116 / 4039 / 4031 / 4028 Email Address: cmo@up.edu.ph</p>	<p>REV. CMO FORM 2009-001</p> <p>Action of CMO Director: _____ _____</p>
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<p>I. NATURE OF REQUEST: <input type="checkbox"/> Written <input type="checkbox"/> Telephone Call <input type="checkbox"/> Text <input type="checkbox"/> Fax <input type="checkbox"/> Order by: _____</p> <p>_____</p> <p>_____</p> <p>Contact Person: _____ Telephone No.: _____ Address: _____ Requested by : _____ Telephone No.: _____ College / Unit: _____ Head of Unit / Dean / Director : _____ Date: _____ <small style="margin-left: 100px;">Signature over Printed Name</small></p>	<p>II A. CLEARANCE FORM</p> <p><input type="checkbox"/> OVCCA <input type="checkbox"/> OCA <input type="checkbox"/> UPDP <input type="checkbox"/> HOUSING OFFICE <input type="checkbox"/> OTHERS : _____ <input type="checkbox"/> REMARKS : _____</p> <hr/> <p>B. REFERRED TO:</p> <p><input type="checkbox"/> ADMINISTRATIVE OFFICE <input type="checkbox"/> BMD <input type="checkbox"/> GSAD</p> <hr/> <p>C. FOR:</p> <p><input type="checkbox"/> Inspection &/or Estimate <input type="checkbox"/> Implementation of Order <input type="checkbox"/> Appropriate Action <input type="checkbox"/> Others : _____</p> <hr/> <p>D. OTHERS:</p> <p>Amount paid for Fuel, Oil, Gasoline, etc. P _____ Receipt No : _____ Received by: _____</p>
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<p>III ACTUAL WORK DONE : _____</p> <p>IV. PERFORMED BY: _____</p> <p>V. VERIFIED BY: _____ <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Unit Foreman Division Chief </div></p>	
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<p>VI. TO BE FILLED-UP BY THE END USER / REQUESTING PARTY</p> <p>A. CERTIFICATE OF APPEARANCE</p> <p>Head of Unit / Dean / Director / AO/Building Administrator: _____ <small style="margin-left: 100px;">Signature Over Printed Name</small></p> <p style="margin-left: 40px;">DATE TIME</p> <p>Started : _____ _____ Finished : _____ _____ Out of Unit : _____ _____</p> <p>B. WORK EVALUATION: Please Check the Appropriate Box</p> <p><input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Not Satisfactory <input type="checkbox"/> Job Accepted <input type="checkbox"/> Satisfactory <input type="checkbox"/> Very Poor <input type="checkbox"/> Job Not Accepted</p> <p>C. REMARKS : _____</p>	<p>NOTE:</p> <ol style="list-style-type: none"> 1. ALL MATERIALS NEEDED MUST BE PURCHASED BY THE REQUESTING PARTY. CMO PERSONNEL IS NOT AUTHORIZED TO BUY MATERIALS. 2. NO FEE/PAYMENT MUST BE MADE TO THE WORKER/S. 3. SNACKS, LUNCH OR WHATSOEVER IS NOT NECESSARY. 4. WRITE/FORWARD YOUR COMPLAINT TO CMO DIRECTOR.
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<p>COPY FOR THE REQUESTING PARTY</p>		
<p>CMO WORK ORDER NO.</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>Time : _____ Date : _____ Received by: _____</p>	<p>FOR FOLLOW-UP:</p> <p>A. CMO Telefax : 925-8185 B. Property Section : 925-8228 C. UP Trunkline (VOIP) : 981-8500 LOCAL</p> <p><input type="checkbox"/> Director's Office - 116 <input type="checkbox"/> AO - 4039 <input type="checkbox"/> GSAD - 4031 <input type="checkbox"/> BMD - 4028</p> <p>D. Call: _____ local: _____</p>	<p>NATURE OF REQUEST</p> <p>_____</p> <p>_____</p> <p>College/Unit: _____ Address : _____ Requested by: _____ <small style="margin-left: 100px;">Signature over Printed Name</small></p>

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