



# **MCAS Cherry Point**

# **Distribution Management Office**

## Construction of the Work Order

5/30/2014

UNCLASSIFIED FOUO



# Work Order ( Cont.)



**Requested By:** Insert the name that it is requested by

**Unit Identification Code:**  
Insert the UIC

**Section:** Unit Section

	W.O.#	<input type="text"/>
	J.O.N.:	<input type="text"/>
	W.O. Date:	<input type="text"/>
Requested By:	<input type="text"/>	
Unit Identification Code:	<input type="text"/>	
Section:	<input type="text"/>	

# Work Order ( Cont.)



BILL TO	
Unit:	<input type="text"/>
Staging Area:	<input type="text"/>
Phone:	<input type="text"/>
TAC:	<input type="text"/>

**Unit:** Insert the unit name

**Staging Area:** Insert the location

**Phone:** Insert a point of contact for unit

**TAC:** Insert the TAC

# Work Order ( Cont.)



JOB		BILL TO	
Additional Details:		Unit:	<input type="text"/>
<input type="text"/>		Staging Area:	<input type="text"/>
		Phone:	<input type="text"/>
		TAC:	<input type="text"/>
Estimate Requested by:	<input type="text"/>	Date:	<input type="text"/>
Distribution Management Office			

**Job:** Insert the type of job used, i.e. crane services, dolly, tram services, or fork lift services