WORK REQUEST (IFS-M)

(For use of this form, see AR 420-17 and DA PAM 420-6; The proponent agency is USACE.)

PART A (See Instructions)	CUSTOMER ID CODE	DOCUMENT SERIAL NUMBER	FY	TYPE	SHORT JOB DESCRIPTION:	DATE DA	MON	YR

INSTALLATION ABBREVIATION OF FACILITIES		BUILDING / FACILITY NUMBERS 1	2	3	4	5	6	7	8	9	10
1											
2											
3											

REMARKS:

INSTALLATION NAME	CUSTOMER NAME	POC NAME	POC PHONE NUMBER

WORK DESCRIPTION: *(Description and justification of work requested)*

AUTHORIZED REQUESTOR: *(Type or Print)* SIGNATURE

PART B *(Approving Official Only)*

APPROVAL ACTION CODE:

WORK REQUEST PRIORITY:

PROGRAM INDICATOR CODE:

SPECIAL INTEREST CODE:

ESTIMATED WORK START DATE:

ESTIMATED WORK COMPLETION DATE:

DATE	DA	MON	YR
ESTIMATED WORK START DATE			
ESTIMATED WORK COMPLETION DATE			

ENVIRONMENTAL IMPACT

YES	NO	
☐	☐	ENVIRONMENTAL CONSIDERATION
☐	☐	EIS / EIA INITIATED
☐	☐	EIS / EIA COMPLETED

WORK TO BE PERFORMED

- ☐ IN-HOUSE
- ☐ SELF-HELP
- ☐ CONTRACT
- ☐ TROOP

WORKCLASS / APPROVAL AMOUNTS

	FUNDED	UNFUNDED
	$	$
	$	$
	$	$
TOTAL	$	$

SOURCE OF FUNDS

- ☐ DIRECT
- ☐ AUTOMATIC REIMBURSMENT
- ☐ FUNDED REIMBURSMENT

OTHER FUND CITATION

DESIGN APPROVAL	DATE DA	MON	YR
(Please type or print name)			
(Signature)			

APPROVAL AUTHORITY	APPROVAL ACTION	DATE DA	MON	YR
(Please type or print name)	☐ APPROVED			
(Signature)	☐ DISAPPROVED			

EHSC FORM 4283-1

ASD-FPP-1391-94