U.S. DOD Form dod-ngb-327

CIVIL ENGINEER WORK ORDER

(The Proponent is ANG/CEE)

WORK REQ NO:	FACILITY:	WORK ORDER NO:	RP VOUCHER NO:	COST	ESTIMATED:
					ACTUAL:

DESCRIPTION OF WORK:

CONTROL	DESCRIPTION	EST MHRS	EST MAT COST	OTHER COST

REQUESTER	AUTHORIZATION	COMPLETION
NAME:	SIGNATURE:	SIGNATURE OF COST CENTER SUPERVISOR:
ORGANIZATION/DATE:	DATE:	DATE: