

**VOCATIONAL TRAINING COUNCIL
ESTATES, HEALTH & SAFETY DIVISION
REQUEST FOR ADDITIONS, ALTERATIONS, & IMPROVEMENTS**

330

Please quote this no. in all correspondence

From Ref. in Tel. Fax Date	To: ESTATES OFFICER * via P/ CITO () (for ITC'S) PI (for Skills Centres)
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SECTION	WORK REQUESTED
A	JUSTIFICATION (Please attach reports, sketches etc.)

Signature	Enquiries should be directed to :-
Post Tel.

From P/ /CITO()/PI* To The above request is not supported. Signed Date	From P/ /CITO()/PI* To Estates Officer The request is supported. Please proceed. Signed Date Tel.
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	WO/CC/NO.	DATE	ESTIMATE	Remarks
BUILDERS WORK				
B/SERVICES WORK				
TOTAL ESTIMATE				

C	CONTRACT NO.	VTC FILE REF	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="7">Account Code</th> </tr> <tr> <th>Fund</th> <th>Controller</th> <th>Account</th> <th>Unit</th> <th>Dept</th> <th>Prog</th> <th>R E</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>001</td> </tr> </table>	Account Code							Fund	Controller	Account	Unit	Dept	Prog	R E							001
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						001																		

To SCW/SBS/SBSI/CW/BSI/BS/ACW/ABSI Please estimate/issue WO/CC for the above work Signed Date	The above work was completed on Signed CW/BSI/BS/ACW/ABSI Date	Final Cost \$
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Notes :
 1. Requesting officer to complete Section A and forward three copies to P or appropriate CITO/PI.
 2. P, CITO or PI to complete Section B and if approved, forward two copies to Estates Officer for action.
 *Delete as appropriate