

MAINTENANCE WORK ORDER FORM

STAFF MEMBER'S NAME: _____ DATE: _____

BLDG: _____ ROOM: _____ PHONE: _____

PLEASE SELECT ONE:

_____ SERVICE WORK ORDER
(COMPLETE SECTION 1)

_____ EQUIPMENT REQUEST
(COMPLETE SECTION 2)

SECTION 1:

SERVICE NEEDED: (EXPLAIN) _____

SECTION 2:

EQUIPMENT NEEDED: (EXPLAIN) _____

REASON NEEDED: (EXPLAIN) _____

IF EQUIPMENT IS NEEDED AND WE DO NOT HAVE IT IN STOCK, WE WILL DISCUSS WITH THE PRINCIPAL WHERE THE MONEY WILL COME FROM.

PRINCIPAL INITIAL: _____

PLEASE RETURN THIS FORM TO THE PRINCIPAL FOR SIGNATURE, THEN TO CENTRAL OFFICE.

REVISED 11/11/05