

WORK ORDER

Date: _____

Person requesting work to be done: _____

Building: _____ Room number or location: _____

Description of work to be done: (Attach drawing if needed)

.....
PRINCIPAL'S ACTION

Approved _____

Not approved _____

Principal's signature _____

Comments:

.....
SUPERINTENDENT'S ACTION

Approved _____

Not approved _____

Superintendent's signature _____

Comments:

.....
MAINTENANCE DEPARTMENT

Date completed: _____

Time required to complete work: _____

Estimated cost of materials: _____