



**MHA Nation**  
**MIS Department**  
**404 Frontage Road**  
**New Town, ND 58763**

Phone: 701-627-4781 ext. 8236  
FAX: 701-627-3614

***MIS Use Only***

Work Order #: \_\_\_\_\_

Assigned to MIS Staff: \_\_\_\_\_

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## MIS WORK ORDER FORM

Please complete the following fields. Work will not be done unless each field is completed.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Department Location: \_\_\_\_\_

Request or Issue (Please be as detailed as possible)

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Other Information (i.e. Vendor Name, Phone number, Part number)

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Once filled out, Work Order can be printed and faxed or turned into the MIS Department

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**Follow-up call Work Order Information**

MIS Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action Taken: \_\_\_\_\_

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**Other information (i.e. Repair information)**

MIS Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

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