# COAHOMA   COMMUNITY   COLLEGE
## Technology and Computer Services Work Order

**PERSON REPORTING JOB:**                    **DATE REPORTED** _____

PHONE NUMBER _____

| **Buildings & Room#** | **Date/Time Started** | **Date/Time Completed** |
|---|---|---|
|  |  |  |

| ITEM# | DESCRIPTION OF JOB TO BE DONE |
|---|---|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |

**MATERIALS NEEDED OR  USED ON JOB:**          To be completed by Technology and Computer Services personnel only.

Please list the computer's S/N # & CCC's Barcode #'s that work was   completed  or not completed  be specific

| **Technican** | **TOTAL TIME ON JOB** | | | | | | |
|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**WORK COMPLETED SATISFACTORILY**
**APPROVED BY:**

_____          **DATE** _____