

# 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) \_\_\_\_\_

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SECTION 2:

EQUIPMENT NEEDED: (EXPLAIN) \_\_\_\_\_

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REASON NEEDED: (EXPLAIN) \_\_\_\_\_

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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